



Nevada State Epidemiological Profile Update 2007

Substance Abuse Prevention and Treatment Agency Division of Mental Health and Developmental Services Nevada Department of Health and Human Services

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**Substance Abuse Prevention and Treatment
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**Nevada State Epidemiological Profile Update
2007**

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TABLE OF CONTENTS

	Page
Executive Summary.....	4
Introduction.....	5
Background.....	5
How to Use This Profile: Rates and Numbers.....	6
I. Youth Alcohol Use.....	7
II. Youth Methamphetamine Use.....	22
III. Adult Alcohol Use.....	37
IV. Youth Marijuana Use.....	51
Clarification of Data Parameters.....	56
Profile Summary.....	56
References.....	57

Executive Summary

Highlights of the Epidemiological Profile

Youth Alcohol Use: The consequences of youth alcohol use in Nevada are higher than the national average, especially among alcohol related juvenile referrals which are significantly higher. In 2004, Nevada had a significantly higher rate of alcohol related juvenile referrals when compared to the national average (6.7 vs. 2.0 alcohol related referrals per 1,000 youth respectively). In 2004, Nevada was within 2% of the national average for alcohol related motor vehicle fatalities (37% vs. 39% respectively).

Among consumption indicators, 5% more of Nevada's youth reported first time use of alcohol before age 13 than the national percentage (31% vs. 26% respectively). A higher percentage of males than females reported alcohol use before the age of 13 (25.5% vs. 36.3%).

Youth Methamphetamine Use: Lifetime methamphetamine use among youth in Nevada was 5.5% higher than the national percentage (11.7% vs. 6.2%). A higher percentage of females than males (12.2% vs. 11.2%) reported lifetime use of methamphetamines.

Among consequence indicators, Nevada's rate of juvenile drug related referrals was more than 3 times higher than the national average (7.0 vs. 2.2 referrals per 100,000 juvenile population, respectively).

Adult Alcohol Use: Many of the adult alcohol consumption and consequence indicators are of concern in Nevada, which historically has had higher rates of such problems than the nation as a whole. Among consumption indicators, Nevada had higher proportions of heavy alcoholic drinking (2% higher) and binge drinking (4% higher).

Among consequence indicators, Nevada had a higher proportion of alcohol related arrests than then national average (864.1 vs. 804.1 per 100,000 adult population).

Youth Marijuana Use: Many of the consumption and consequence indicators of youth marijuana use in Nevada are higher than the national average. In Nevada, youth using marijuana before the age of 13 was 3% higher than the national average for that indicator. Lifetime marijuana use was within 1% of the national average for that indicator. Among consequence indicators, Nevada had a higher proportion of drug related juvenile referrals than the national average in 2004 (7.0 vs. 2.2 drug referrals per 1,000 youth ages 5 to 17).

EPIDEMIOLOGICAL PROFILE

Introduction

The purpose of this epidemiological profile is to promote effective substance abuse prevention in Nevada through the Substance Abuse and Mental Health Services Administration Strategic Prevention Framework State Incentive Grant (SPF SIG). The SPF SIG Epidemiological Profile is a resource document that will be used by substance abuse prevention coalitions and organizations at the county and community levels in Nevada. The Epidemiological Profile identifies population needs, problems, resources and readiness at the state level and provides baseline data to address gaps and barriers at the state and county levels.

Ultimately, the SPF SIG will ensure a solid foundation exists for delivering effective, culturally competent, evidence-based substance abuse prevention services in Nevada's rural and urban communities, of highest need.

Background

The SPF SIG requires that a State Epidemiological Workgroup (SEW) analyze data and support the SIG State Advisory Committee's (SIG SAC) data-driven decision-making. This workgroup helps to better identify problems and prevention needs at local and state levels through substance related consumption and consequence indicators across the lifespan. In addition to the workgroup, a State Advisory Committee is required to provide ongoing advice and guidance throughout the SPF SIG process.

In Nevada, both the SEW and SIG SAC have supported and contributed to the data collection and analysis of substance related consumption and consequence indicators to identify state and county problems and to set priorities. Through a series of meetings and nominal group processes, four substance related priorities areas were decided upon. These four priority areas were recommended by the SEW and approved by the SIG SAC.

The process of the SEW started with introduction presentations and the inclusion of data and data sources. Once the data was compiled, the SEW was presented with over 60 indicator comparisons that were analyzed at the state and national levels. The SEW started the prioritization process by deleting indicators that were lacking relevant evidence, reliability, capacity, redundancy, etc. Through this process, the data indicators were reduced to 38 alcohol, illicit drug and combined consumption and consequence indicators.

These 38 indicators were then thoroughly analyzed to include the size of the problem, comparisons of state and national rates, trends, severity, and demographics. Several nominal group processes were implemented to reduce the indicator list to 11 consumption and consequence indicators. Additional meetings were held to determine the relationship/correlation of the chosen priority indicators. These relationships clustered the data into consumption and consequence links. The theory behind the relationship is that the consumption pattern of a substance causes the consequence. After considering the data relationships from all of the

available data, the SEW finalized four priority clusters. The SIG SAC then approved the SEW's recommended indicators in a subsequent meeting.

In order of importance, the priorities identified by the SEW are: (I) Youth alcohol use, (II) Youth methamphetamine use, (III) Heavy adult alcohol use and (IV) Youth marijuana use.

The profile was updated in January 2007 to reflect the finalized/approved priorities of the SPF SIG.

How to Use This Profile: Rates and Numbers

Both rates and proportions are presented in the tables and charts of the Epidemiological Profile. Rates show how fast something is occurring in a population and proportions show what fraction of the population is affected. While the rates are very important in indicating the severity of an indicator within any given county or population group, they only provide part of the picture when comparing the burden of a problem from one county or group to another.

Some rates were left out of the profile due to the small number of cases in a small population. While rates can be calculated based on very small numbers, these rates can be unstable and are often misleading. In a small county, even a single death over a five year period can result in a rate that is extremely high. Including small numbers can also bring up issues of violating confidentiality.

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I. Youth Alcohol Use

A. Introduction: Based on the consumption and consequences of youth alcohol use, this section will provide a profile on the severity, magnitude, trends and economic costs within Nevada and its component counties.

B. Problem: Alcohol use by youth is associated with many unfortunate consequences. Death, illness and unintentional consequences, injuries, problems in school and in the legal system are often associated directly or indirectly with underage drinking. The consequences of youth alcohol use in Nevada are often times higher than the national average. Alcohol related juvenile referrals were significantly higher; in addition to the proportion of youth in Nevada reporting first alcohol use before age 13 as compared to the national average.

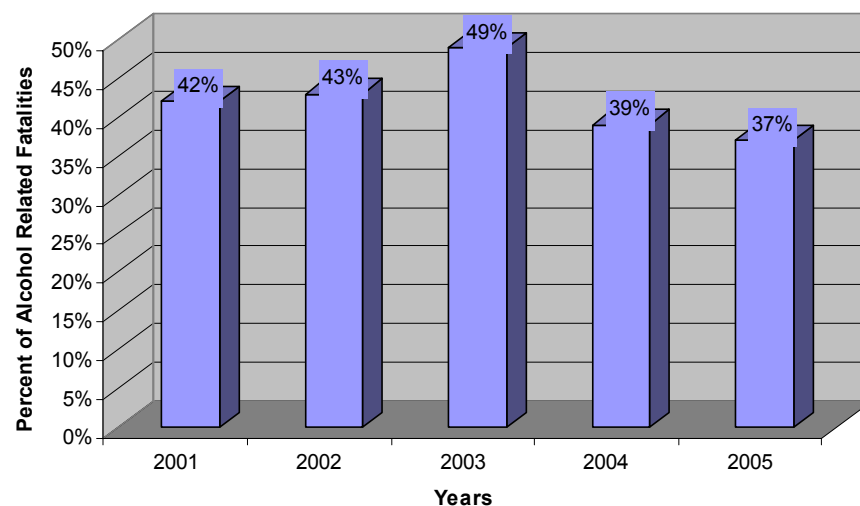
1. Severity of Consequences

Deaths

Alcohol Related Motor Vehicle Fatalities: In Nevada, the proportion of alcohol related motor vehicle fatalities among all ages was within 2% of the national average in 2005 (37% vs. 39% respectively).¹ In 2001, 19% of motor vehicle fatalities among youth ages 0 to 19 were attributable to alcohol use.² Within that same statistic, male youth had a 3% higher attributable risk of motor vehicle fatalities due to alcohol than female youth. In that same year, youth traffic crashes alone cost Nevada a total of \$108.9 million dollars.³

Alcohol Related Motor Vehicle Fatalities¹ – Five Year Trend: Fatalities decreased by 5% from 2001 to 2005 in Nevada.

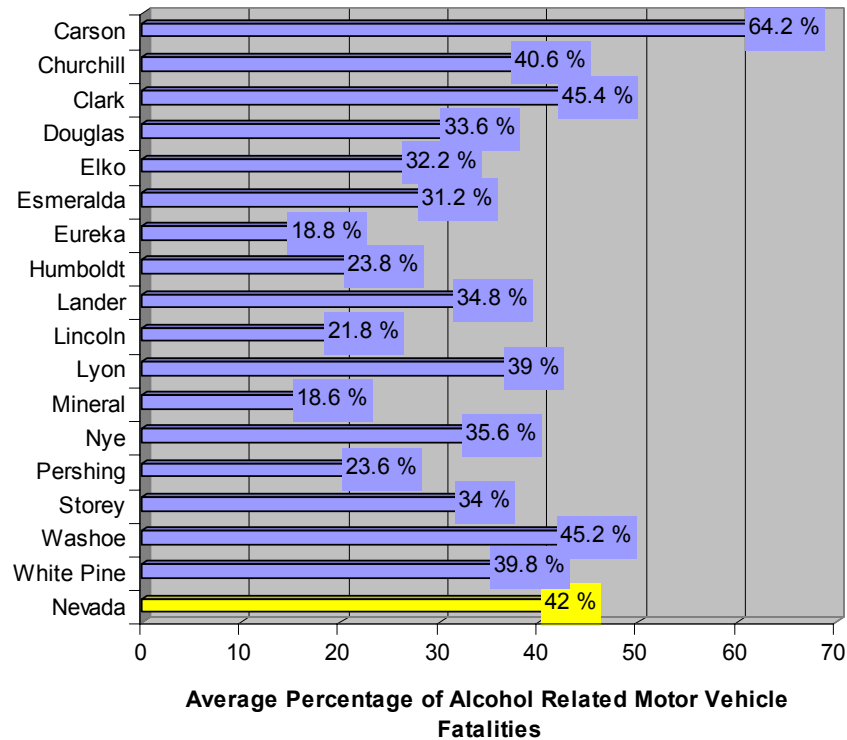
Graph 1: Percent of Alcohol Related Motor Vehicle Fatalities in Nevada, 2001-2005



Source: Fatality Analysis Reporting System, FARS (2005). United States and Nevada Traffic Fatality Data.
<http://www-fars.nhtsa.dot.gov>.

Alcohol Related Motor Vehicle Fatalities¹ – By County: The table below highlights the Nevada counties that have higher five year average percentages of alcohol related motor vehicle fatalities among all ages than the state. Fatality rates in Carson, Clark, and Washoe Counties were higher than the state average.

Graph 2: Five Year Average Percentage of Alcohol Related Motor Vehicle Fatalities by County and State, 2001-2005

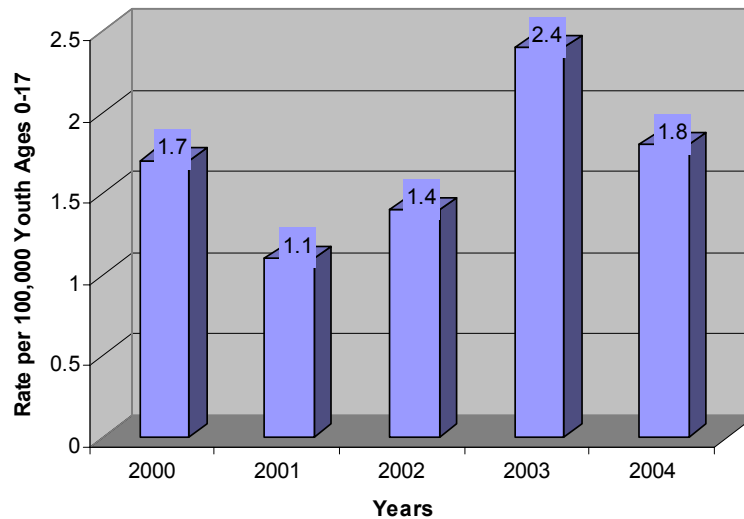


Source: Fatality Analysis Reporting System, FARS (2005). Nevada Traffic Fatality Data. <http://www-fars.nhtsa.dot.gov>.

Youth Suicide: In 2001, 23% of suicides among all ages in Nevada were attributable to alcohol use.² From 2001 to 2004, there has been little difference between the rate of youth suicide in Nevada and the nation, with a four year average of 1.5 vs. 1.4 suicides per 100,000 populations respectively.^{4, 5}

Youth Suicide⁴ – Five Year Trend: Suicides per 100,000 youth have remained fairly steady from 2000 to 2004; Five year average of 1.7 suicides per 100,000 youth.

Graph 3: Youth Suicide Rate per 100,000 Youth Ages 0-17 in Nevada, 2000-2004



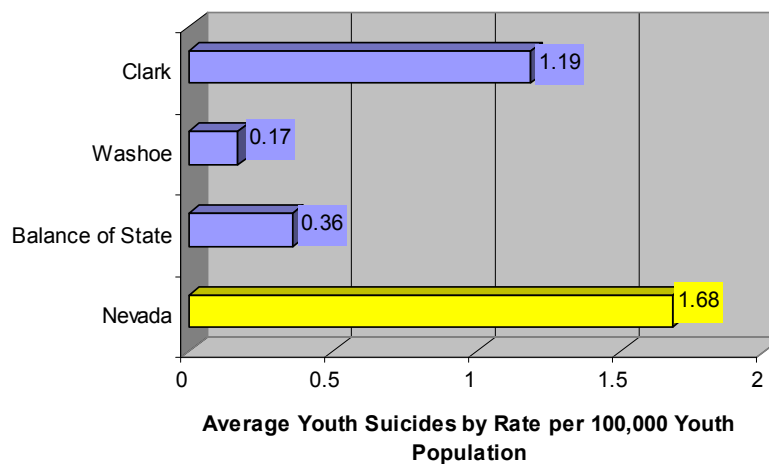
Source: United States. Nevada State Health Division. Nevada Interactive Health Database.
<http://health2k.state.nv.us/nihds/>.

Youth Suicide (Rate per 100,000 Youth Population)⁴ – Demographics: In 2004, the rate for female youth suicides was higher than males (2.4 vs. 1.3 suicides by rate per 100,000 youth population 0-17 years old). Among the race/ethnicity categories, the rate of youth suicides was highest among Asian/Pacific Islanders (5.7 suicides per 100,000 population), followed by White Non-Hispanics (2.3 suicides per 100,000 population), and Hispanics (1.0 suicides per 100,000 population). There were no reported youth suicides among African American and Native American populations for 2004.

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Youth Suicide⁴ - By Region: The five year average table below shows the Nevada region with the largest rate of youth suicide was Clark County (1.19 youth suicides per 100,000 youth population).

Graph 4: Five Year Average of Youth Suicide by Rate per 100,000 Youth Suicides Ages 0 to 17 by Clark, Washoe, Balance of State Counties and Nevada, 2000-2004



Source: Nevada State Health Division, Health Planning and Statistics.
<http://health2k.state.nv.us/nihds/>.

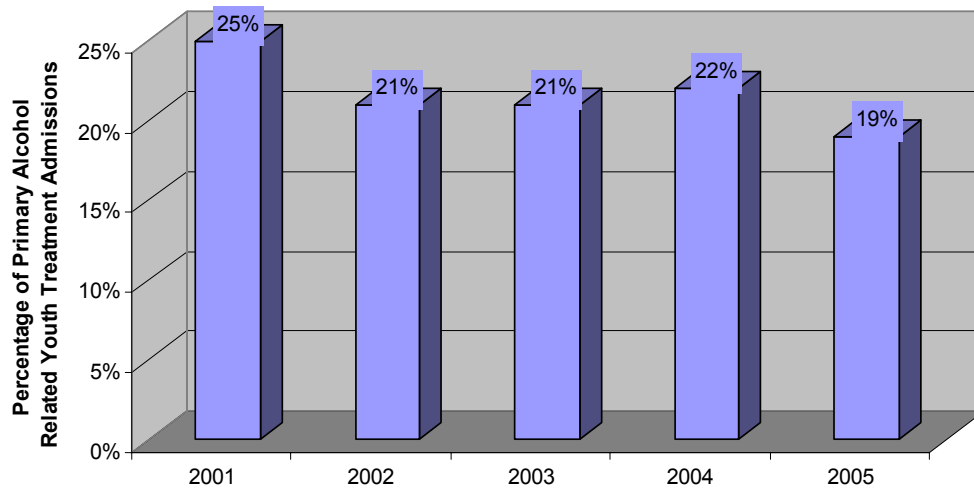
Illness

Youth Alcohol Related Treatment Admissions: Among the Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency funded treatment facilities, 19% of youth substance abuse treatment admissions involved alcohol as a primary substance of use (primary) in State Fiscal Year 2006.⁶ However, when alcohol was accounted for as a primary, secondary or tertiary substance, 53% of youth had involvement of alcohol based on all substance related treatment admissions.⁶ In 2001, there was a total cost of \$11.9 million for youth alcohol treatment in Nevada.³

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Alcohol Related Youth Treatment Admissions⁶ - Five Year Trend: There was a 6% decline in primary alcohol related treatment admissions since 2001.

Graph 5: Five Year Percentage of Alcohol Related (Primary Substance Only) Youth Treatment Admissions in SAPTA Funded Treatment Facilities in Nevada 2001-2005

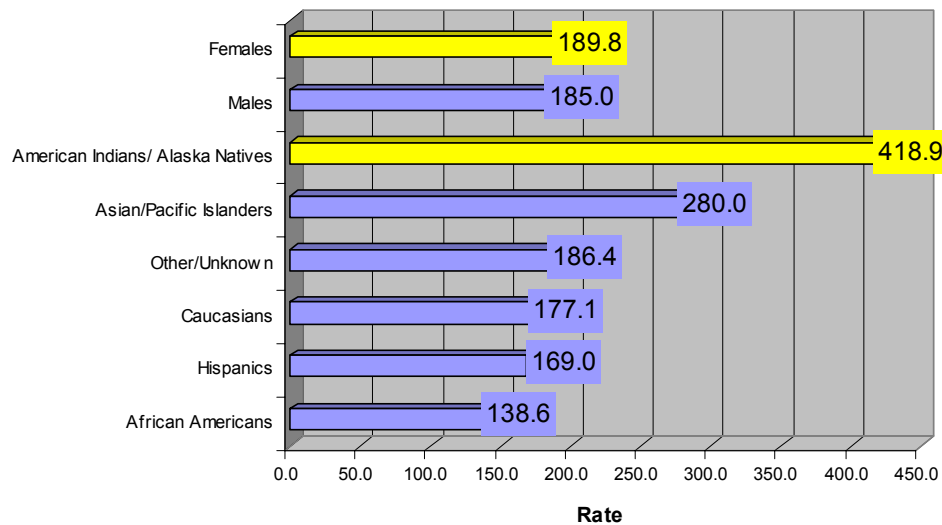


Source: Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Treatment Database. Retrieved December 2006.

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Alcohol Related Youth Treatment Admissions⁶ - Demographics: Slightly higher proportion of females than males admitted to SAPTA funded treatment facilities for alcohol related (primary) abuse. American Indians/Alaska Natives had the highest proportion of admissions for this category.

**Graph 6: Youth Primary Alcohol Related Treatment (Tx)
Admissions by Rate per 1,000 Total Youth (Gender, Race)
Treatment Admissions**

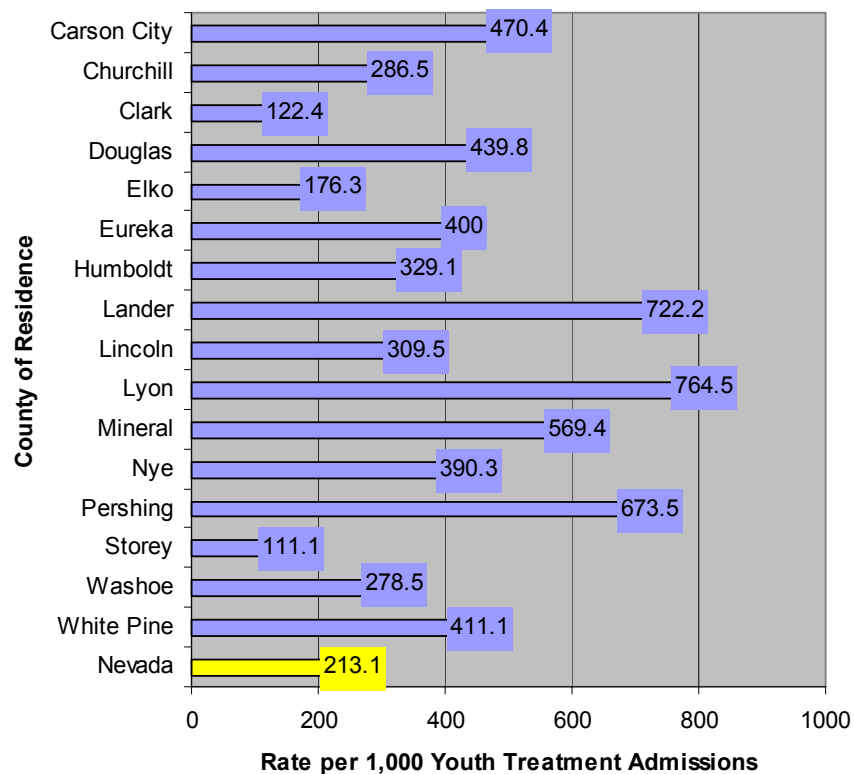


Source: Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Treatment Database. Retrieved December 2006.

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Alcohol Related Youth Treatment Admissions⁶ – By County: Several of the counties in Nevada had higher percentages of alcohol related treatment admissions in the SAPTA funded treatment facilities when compared to the state average.

**Graph 7: Five Year Average Rate of Alcohol
(Primary Substance Only) Related Youth Treatment
Admissions by Rate per 1,000 Youth Treatment
Admissions for All Substances Among SAPTA
Funded Treatment Facilities and Client County of
Residence, 2001-2005**



Note: All treatment admissions are based on Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Funded Treatment Facilities. Clients can be in treatment for poly-substances, there is the potential of three substances for each client; however for the purposes of this profile the primary substance is accounted for only. Statewide rates included clients who are not residents of the state but have sought services in the treatment facilities in Nevada. Adolescent or youth are considered 18 years old and below. The county with <=5 five year total youth alcohol (primary) treatment admissions was excluded from this profile.

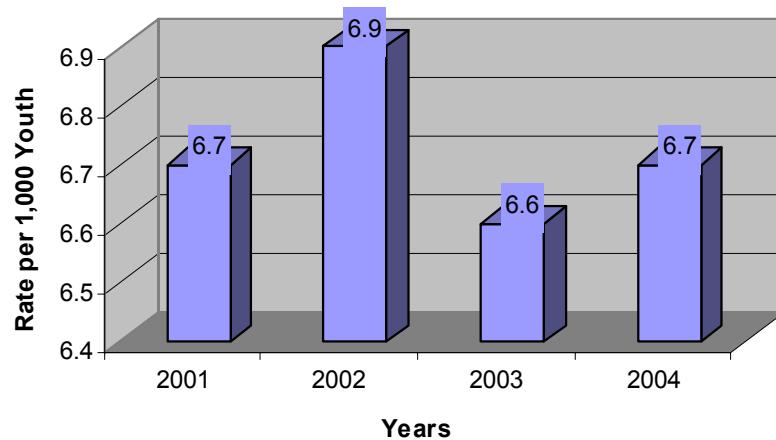
Source: Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Treatment Database. Retrieved December 2006.

Legal Issues

Alcohol Related Juvenile Referrals: In 2004, Nevada had a significantly higher rate of alcohol related juvenile referrals than the national average (6.7 vs. 1.2 alcohol related referrals per 1,000 youth respectively).⁷

Alcohol Related Juvenile Referrals⁷ – Four Year Trend: There was an average 7 referrals per 1,000 youth.

Graph 8: Alcohol Related Juvenile Referrals by Rate per 1,000 Youth Population (8-17 years old) in Nevada, 2001-2004



Source: United States. Nevada Juvenile Justice. Nevada Juvenile Justice Data Collection Report. 2004.

Alcohol Related Juvenile Referrals (Based on all referrals/ Rate per 1,000 population - 8 to 17 Years Old)⁷ – Gender: Males age 8 to 17 years have a higher rate of alcohol related juvenile referrals than females (59.7 vs. 29.2 youth per 1,000 population, respectively).

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Alcohol Related Juvenile Referrals⁷ – By County: Carson, Douglas and Pershing Counties had rates of alcohol related juvenile referrals that were at least 4 times higher than the state average (6.6 alcohol related referrals by rate per 1,000 youth) and 13 times higher than the national average (2.3 alcohol related referrals by rate per 1,000 youth).

Table 1. Rate of Juvenile Referrals for Alcohol Related Offenses

County	2004 Population Estimate of Youths 8 to 17 Years of Age**	Alcohol Related Referrals by County (2004)*	
		(N)	Referrals per 1,000 Youths (8-17)
Carson	7,295	182	24.9
Churchill	4,253	60	14.1
Clark	223,125	868	3.9
Douglas	5,631	165	29.3
Elko	7,430	74	10.0
Esmeralda	120	1	8.3
Eureka	240	12	50.0
Humboldt	2,627	5	1.9
Lander	943	26	27.6
Lincoln	504	1	2.0
Lyon	5,736	98	17.1
Mineral	658	8	12.2
Nye	4,794	23	4.8
Pershing	910	13	14.3
Storey	408	3	7.4
Washoe	53,606	637	11.9
White Pine	1,109	33	29.8
Rural (excluding Clark and Washoe)	42,658	700	16.4
Nevada	329,389	2,209	6.7
United States***	53,138,619	107,089	2.0

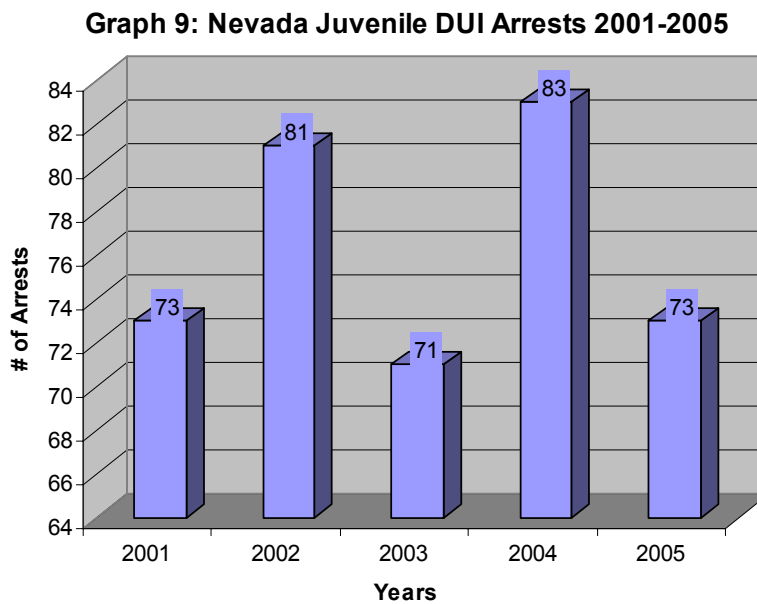
* Alcohol Related Referrals include: driving under the influence (DUI) and violation of liquor laws.

** 2004 Population Estimates of Youths 8 to 17 Years of Age were taken from the 2004 Nevada Juvenile Justice Data Collection Report.

*** United States population includes 5 to 17 year olds; due to age group breakdown.

Source: United States. Nevada Juvenile Justice. Nevada Juvenile Justice Data Collection Report. 2004.

Juvenile DUI Arrests for Nevada¹⁵ – There was an average of 76 arrests from 2001-2005.



Source: Crime and Justice in Nevada 2001-2005.

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Juvenile DUI Arrests¹⁵ – By County: According to the chart below, Clark and Washoe Counties had the highest numbers of juvenile related arrests for driving under the influence.

**Table 2. Juvenile Alcohol-Related Arrests
County and Municipal Drug and Liquor Arrests, 2005***

	DUI	% of State
Statewide	73	100
Boulder City PD	3	4.1
Carlin PD	2	2.7
Churchill Co. SO	1	1.4
Douglas Co. SO	3	4.1
Elko Co. SO	2	2.7
Elko PD	2	2.7
Eureka Co. SO	3	4.1
Fallon PD	1	1.4
Henderson PD	5	6.8
Humboldt Co. SO	2	2.7
Lander Co. SO	1	1.4
Las Vegas Metro PD	10	13.7
Mineral Co. SO	2	2.7
N. Las Vegas PD	3	4.1
Nye Co. SO	4	5.5
Reno PD	5	6.8
Sparks PD	6	8.2
UNR PD	4	5.5
Washoe Co. SO	6	8.2
W. Wendover PD	5	6.8
White Pine Co. SO	2	2.7
Winnemucca PD	3	4.1

*Table excludes arresting entities with no arrests:

Carson City Sheriff's Office (SO), Clark Co. Schools Police Department (PD), Esmeralda SO, Lincoln Co. SO, Lovelock PD, Lyon Co. SO, Mesquite PD, Pershing Co. SO, Storey Co. SO, Taxicab Authority, TMCC PD, UNLV PD, Washoe Schools PD, Yerington PD.

Source: Crime and Justice in Nevada, 2005.

School

Substance Related Expulsions and High School Dropouts: Among available substance related school expulsions and high school dropout rates, Nevada's rates were slightly higher than the national average. Nevada's rate of expulsions were 3.0 substance related incidents per 1,000 enrolled students, versus the national average rate of 2.0 substance related incidents per 1,000 students.^{8,9} In school year 2005-2006, the approximate percent of students who dropped out of school in Nevada was 6.0% vs. the national average of 5.0%.⁸

Table 3: Number of School Related Incidents Involving Substances by Rate per 1,000 Enrolled Students and the Percentage of High School Dropouts by County, 2005-2006 School Year

	Number of Total Enrolled Students	Number of Substance Related Incidents	Rate per 1,000 Substance Related Incidents	Estimated Number of High School Students	Number of Dropouts	Percent of High School Dropout Rate for the School Year 2005-2006
Carson City	8,519	32	3.8	2,632	50	1.9
Churchill	4,503	14	3.1	1,389	25	1.8
Clark	293,801	511	1.7	78,451	5,570	7.1
Douglas	6,974	52	7.5	2,368	45	1.9
Elko	9,649	49	5.1	3,045	67	2.2
Esmeralda	86	0	0.0	No HS Instruction		
Eureka	229	6	26.2	0	0	0.0
Humboldt	3,519	31	8.8	870	40	4.6
Lander	1,288	4	3.1	391	9	2.3
Lincoln	1,001	0	0.0	333	1	0.3
Lyon	8,688	23	2.6	2,318	51	2.2
Mineral	624	8	12.8	171	7	4.1
Nye	6,088	39	6.4	1,731	161	9.3
Pershing	802	5	6.2	250	1	0.4
Storey	450	3	6.7	189	7	3.7
Washoe	64,200	445	6.9	18,700	374	2.0
White Pine	1,252	4	3.2	458	11	2.4
Nevada	412,179	1,226	3.0	112,912	6,436	5.7
United States	47,204,000	95,500	2.0			4.8

Note: The comparison of school data is figured on the most up to date statistics. Nevada data is analyzed from the 2005-2006 school year, whereas the national data is determined on 1999-2000 statistics. The National population excludes youth 18 years old due to age breakdowns of source, and the dropout rate is taken from the school year 2000-2001.

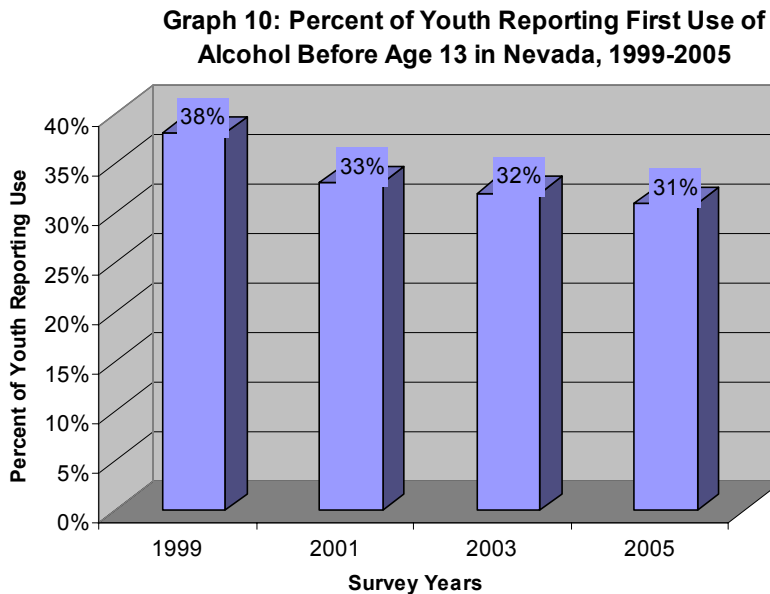
Source: Nevada Department of Education. State Accountability Comprehensive Report and Nevada Report Card, 2005-2006.

2. Magnitude of Consumption

Patterns of Use

Youth Alcohol Use (2005 YRBS): Five percent more of Nevada's youth reported first time use before age 13 than the national percentage (31% vs. 26% respectively).¹⁰ Nevada was only 2% lower than the national average for the percentage of youth reporting alcohol use within 30 days (41% vs. 43% respectively).¹⁰ Youth in Nevada and the Nation reported similar proportions of youth binge drinking in the past 30 days (25% vs. 26%).¹⁰

Alcohol Use Before Age 13 – Use decreased 7% from 1999 to 2005.

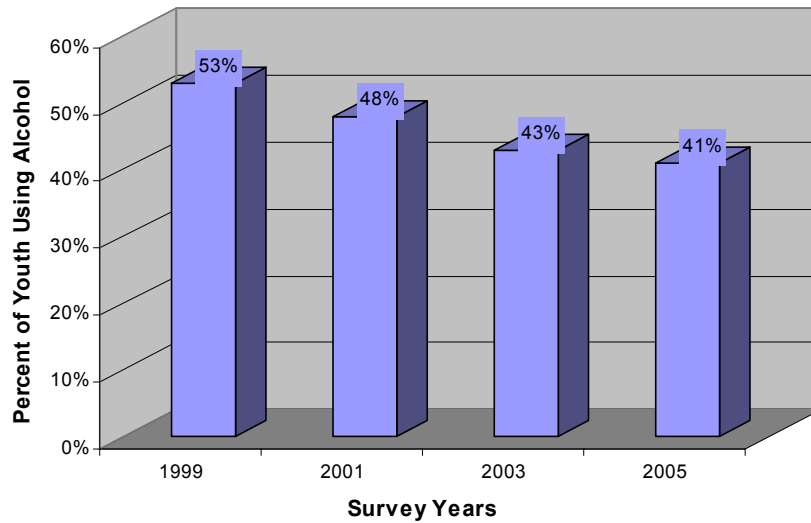


Source: Nevada Youth Risk Behavior Survey, 2005-1999. Nevada Department of Education.

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30 Day Youth Use of Alcohol – There was a 12% decrease from 1999 to 2005.

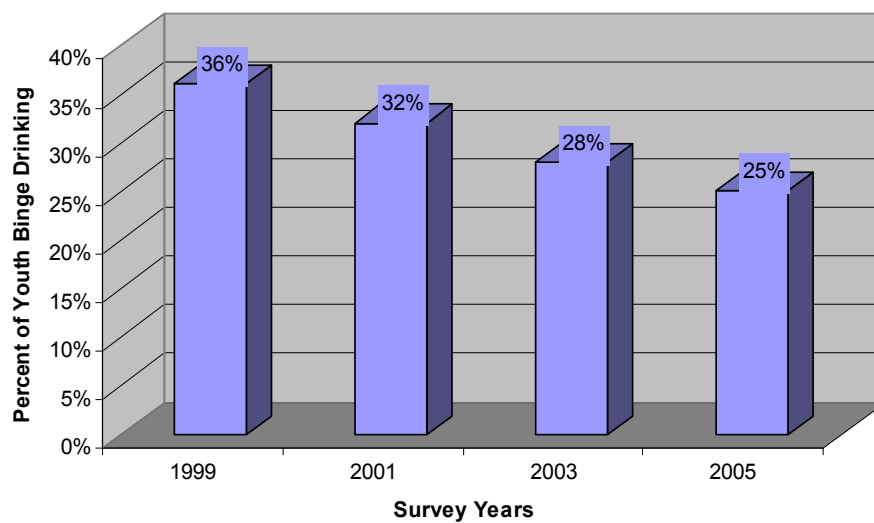
Graph 11: 30 Day Youth Alcohol Use/Percent of Youth Using Alcohol in the Last 30 Days in Nevada, 1999-2005



Source: Nevada Youth Risk Behavior Survey, 2005-1999. Nevada Department of Education.

30 Day Binge Drinking – There was an 11% decrease from 1999 to 2005.

Graph 12: 30 Day Youth Binge Drinking/Percent of Youth Binge Drinking in the Last 30 Days in Nevada, 1999-2005



Source: Nevada Youth Risk Behavior Survey, 2005-1999. Nevada Department of Education.

Risk Behaviors

Riding in Car with Driver Who Had Been Drinking (YRBS 2005): Nevada was within 3% of the national norm for high school students reporting riding with a driver who had been drinking (26.4% vs. 28.5% respectively), within the last 30 days one or more times.¹¹ Within the same statistic, a higher percentage of males than females reported riding with a driver who had been drinking (26.8% vs. 25.8%).¹¹

Driving a Car After Drinking: Nevada was 0.5% higher than the national norm for high school students reporting driving a car after drinking alcohol (10.4% vs. 9.9% respectively), within the last 30 days one or more times.¹¹ Within the same statistic, a higher percentage of males than females reported driving after drinking (11.8% vs. 8.8%).¹¹

3. Indicators Selected to Monitor Youth Alcohol Use in Nevada

After an extensive process, the Nevada State Epidemiological Workgroup with the help of the SPF SIG Advisory Committee prioritized youth alcohol use as the top priority of focus. The consumption patterns of youth alcohol use can be tracked by three indicators: youth reporting first alcohol use before age 13, youth reporting alcohol use within 30 days and youth reporting binge drinking within 30 days. The consequences of youth alcohol use are reflected in school related substance incidents/expulsions, alcohol related juvenile referrals and youth perception of risk to binge drinking.

Youth Alcohol Use	
Consumption Indicator	Related Consequence Indicator
Youth Reporting First Alcohol Use Before Age 13	School Related Substance Incidents/ Expulsions
30 Day Alcohol Use – Youth	Alcohol Related Juvenile Referrals
30 Day Binge Drinking – Youth	Perception of Great Risk of Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week

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II. Youth Methamphetamine Use

A. Introduction: Based on the consumption and consequences of youth methamphetamine use, this section will provide a profile on the severity, magnitude, trends and economic costs within Nevada and its component counties.

B. Problem: The use of methamphetamines by youth is associated with many adverse affects. Consequences of methamphetamine use may include death from suicide, homicide and motor vehicle accidents. Furthermore, injuries and illnesses including addiction/abuse, criminal, legal, family and school related problems are often associated with methamphetamine use.

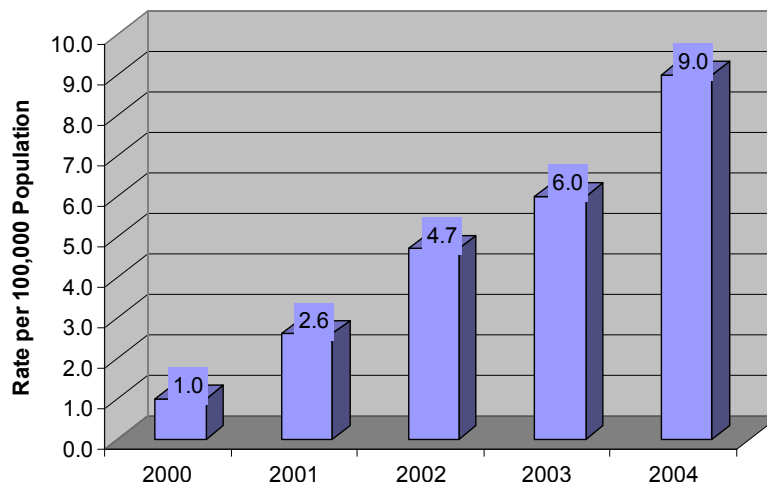
1. Severity of Consequences

Deaths

Illicit Drug Deaths: In the United States, premature death due to drug abuse cost the nation over \$124 million in 2002.¹² Also for 2003, the rate of drug related deaths among all ages was slightly lower in Nevada than the national average (6.0 vs. 8.7 illicit drug deaths per 100,000 population); however, the proportion of deaths from illicit drug continued to rise in Nevada for 2004.^{11, 5}

Illicit Drug Deaths¹¹ – Five Year Trend: There was an increase of 8 deaths per 100,000 population in 5 years (2000-2004).

Graph 13: Five Year Trend of Illicit Drug Deaths Among All Ages by Rate per 100,000 Population in Nevada, 2000-2004



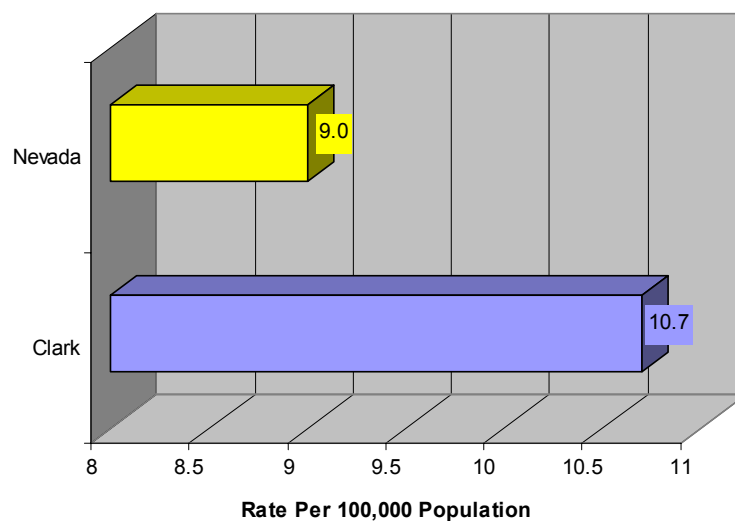
Source: Nevada State Health Division. Health Planning and Vital Statistics.

Illicit Drug Deaths (Deaths by rate per 100,000 population)¹¹ - 2004 Demographics:

A higher percentage of males than females (65% vs. 35%) died due to involvement with illicit drugs resulting in higher rate of death per 100,000 population for males (11.4 vs. 6.4 illicit drug deaths per 100,000 population). Among the race/ethnicity categories the highest rates of death were among Caucasians (12.1 deaths per 100,000 population) followed by African Americans (7.9 deaths per 100,000 population), and Hispanics (2.1 deaths per 100,000 population). Categories with less than 5 illicit drug deaths were excluded.

Illicit Drug Related Deaths¹¹ - By Region: In 2004, Clark County had the highest proportion of illicit drug deaths when compared to the rest of the state (10.7 deaths per 100,000 population vs. 9.0 deaths per 100,000 population).

Graph 14: Illicit Drug Death (All Ages) Rate Per 100,000 Population By Region, 2004*



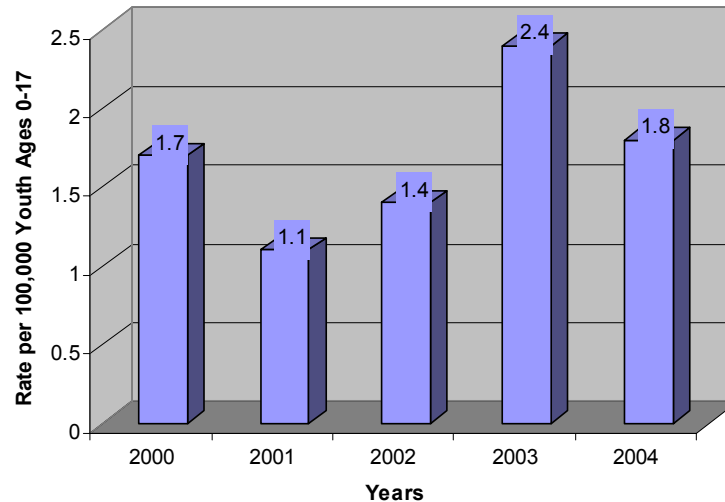
*Regions with less than 15 Drug Related Deaths were excluded.

Source: Nevada State Health Division, Health Planning and Statistics.

Youth Suicide: In 2002, Nevada's rate of youth suicide was similar to the national average (1.4 vs. 1.3 suicides per 100,000 populations).^{4, 5}

Youth Suicide⁴ – Five Year Trend: Suicides per 100,000 youth have remained fairly constant except for a slight rise in 2003.

**Graph 15: Youth Suicide Rate per 100,000 Youth
Ages 0-17 in Nevada, 2000-2004**



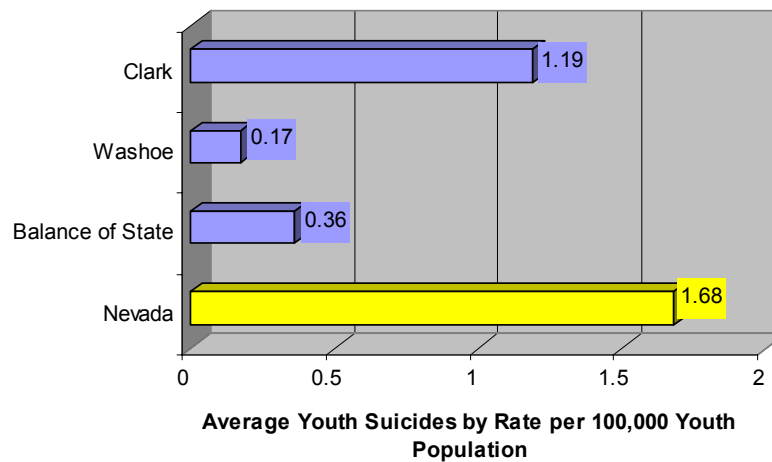
Source: United States. Nevada State Health Division. Nevada Interactive Health Database.
<http://health2k.state.nv.us/nihds//>.

Youth Suicide (Rate per 100,000 Youth Population)⁴ – Demographics: In 2004, the rate for female youth suicides was higher than males (2.4 vs. 1.3 suicides by rate per 100,000 youth population 0-17 years old). Among the race/ethnicity categories, the rate of youth suicides was highest among Asian/Pacific Islanders (5.7 suicides per 100,000 population), followed by White Non-Hispanics (2.3 suicides per 100,000 population), and Hispanics (1.0 suicides per 100,000 population). There were no reported youth suicides among African American and Native American populations for 2004.

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Youth Suicide⁴ – By Region: In the table below in 2003, the Nevada region with the largest rates of youth suicide was Clark County, followed by the combined balance of state counties, and Washoe respectively.

Graph 16: Five Year Average of Youth Suicide by Rate per 100,000 Youth Suicides Ages 0 to 17 by Clark, Washoe, Balance of State Counties and Nevada, 2000-2004



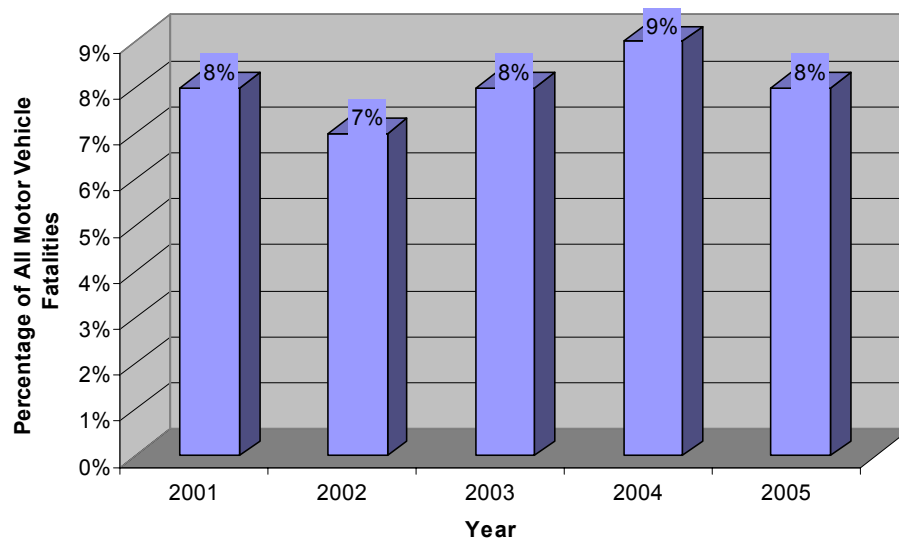
Source: Nevada State Health Division. Nevada Interactive Health Database.
<http://health2k.state.nv.us/nihds/>.

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Drug Related Motor Vehicle Impaired Fatalities: In 2005, 28% of all of Nevada's motor vehicle impaired fatalities among all ages were drug involved and 20% were both drug and alcohol involved.¹³

Drug Related Motor Vehicle Fatalities¹³ – Five Year Trend: There was a 1% decline from 2001 to 2002; however, from 2002 to 2004 there was a 2% rise. In Nevada, drug related motor vehicle fatalities averaged approximately 8% over five years.

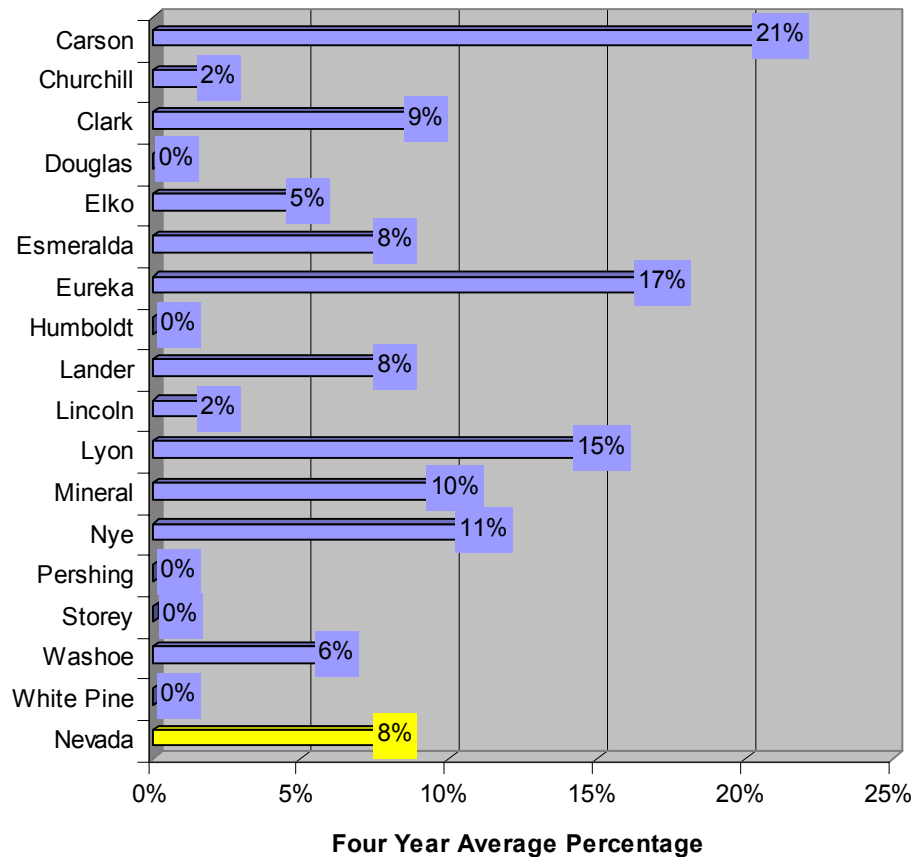
Graph 17: Drug Related Motor Vehicle Fatalities (All Ages), 2001-2005



Source: State of Nevada, Department of Transportation Safety/ Traffic Engineering. Alcohol and Drug Associated Traffic Fatalities, 2001-2005.

Drug Related Motor Vehicle Fatalities¹³ – By County: The table below shows the four year average percentage of drug involved fatalities by county. Carson, Clark, Eureka, Lyon, Mineral and Nye Counties had higher percentages of drug related motor vehicle deaths than the state average (8%).

Graph 18: Four Year Average Percentage of Drug Related Motor Vehicle Fatalities by County and State, 2000-2003



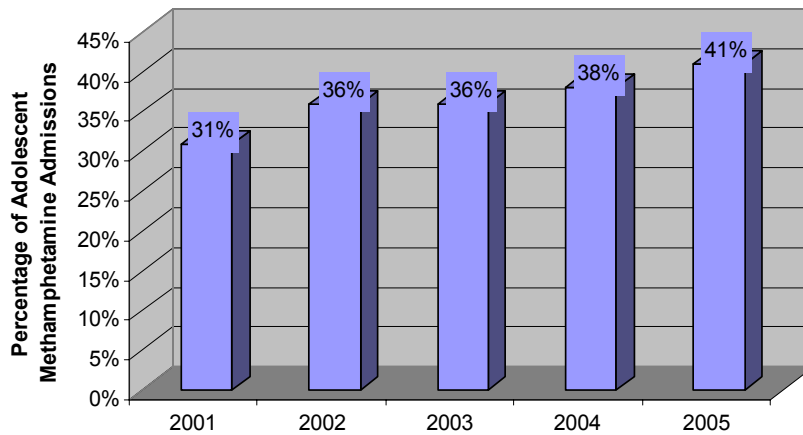
Source: State of Nevada, Department of Transportation Safety/Traffic Engineering. Alcohol and Drug Associated Traffic Fatalities, 2000-2002.

Illness

Illness: In the United States, illness due to drug abuse alone cost the nation over \$33 million in 2002.¹² In Nevada, 41% of all adolescents (ages 0 to 18 years old) in SAPTA Funded Substance Abuse Treatment Facilities were treated for the use/abuse of methamphetamines (primary, secondary and tertiary admissions) in 2005.⁶ Of those adolescents in SAPTA Funded Substance Abuse Treatment Facilities, 26% of youth treatment admissions involved methamphetamines as the drug of choice (primary only), which has increased by 7% from 2000.⁶

Methamphetamine Substance Abuse Treatment Admissions⁶ – Five Year Trend: The graph shows an increase of 10% since 2001. Statewide five year average from 2001 to 2005 was 36%.

Graph 19: Percentage of Adolescent Admissions Involving Methamphetamines (Primary, Secondary and Tertiary) Among SAPTA Funded Treatment Providers in Nevada, 2001-2005



Source: Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Treatment Database. Retrieved December 2006.

Youth Methamphetamine Substance Abuse Treatment Admissions (Primary)⁶ -

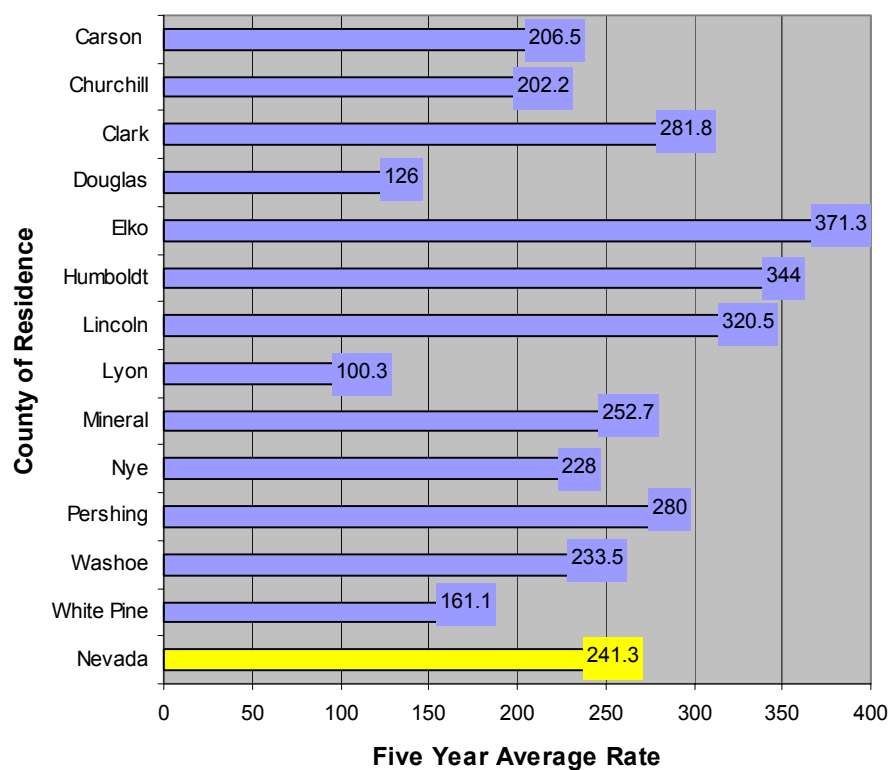
Demographics: For Fiscal Year 2006, there was a slightly higher proportion of males than females involved in youth methamphetamine related treatment admissions (454.3 vs. 428.8 methamphetamine involved treatment admissions per 1,000 treatment population). Among race/ethnicity categories the highest proportion of youth treatment admissions involving methamphetamines was among Asian/Pacific Islanders (360.0 Tx admissions per 1,000), Hispanics (304.2 Tx admissions per 1,000 Tx population) followed by Other/Unknown (288.1 Tx admissions per 1,000), Caucasians (256.0 Tx admissions per 1,000), American Indians/Alaska Natives (202.7 Tx admissions per 1,000 Tx population), and African American (108.9 Tx admissions per 1,000).

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Methamphetamine Substance Abuse (Primary) Treatment Admissions⁶ – By County:

Among the client's county of residence the five year average rates show Clark, Elko, Humboldt, Lincoln Mineral, Pershing and Storey Counties with higher rates of adolescent treatment admissions involving Methamphetamines (Primary) than the state average (241.3).

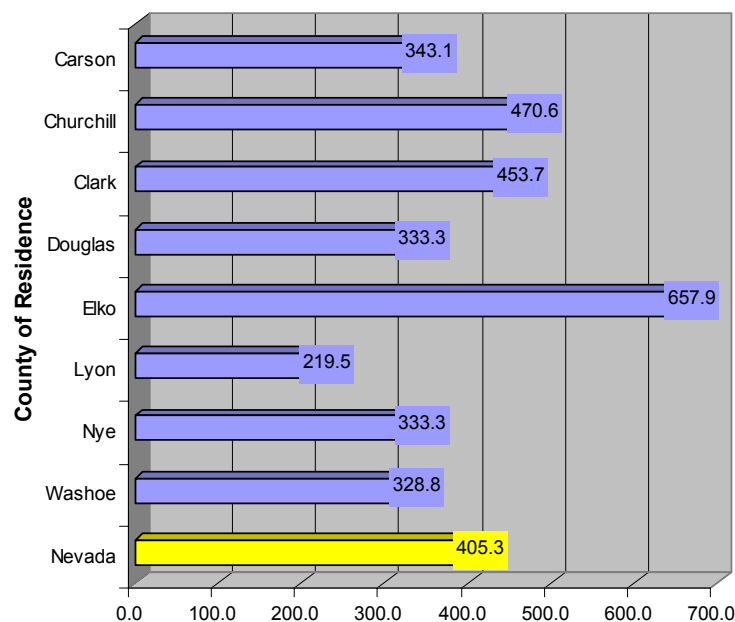
Graph 20: Five Year Average Rate of Adolescent Treatment Admissions for Methamphetamines (Primary) Per 1,000 Adolescent Treatment Admissions, Among All SAPTA Funded Treatment Facilities and Client County of Residence, 2001-2005



Source: Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Treatment Database. Retrieved December 2006. Note: All treatment admissions are based on Nevada State Health Division Substance Abuse Prevention and Treatment Agency Funded Treatment Facilities. Clients can be in treatment for poly-substances, there is the potential of three substances for each client; however for the purposes of this profile these rates will only show an involvement in methamphetamines as a primary drug of choice. Statewide rates included clients who are not residents of the state but have sought services in the treatment facilities in Nevada. Adolescents are considered to be 18 years old and below. Counties with ≤ 5 five year total youth methamphetamine (primary) treatment admissions were excluded from this profile.

Methamphetamine Substance Abuse (Primary, Secondary, Tertiary) Treatment Admissions⁶ – By County: Among the client's county of residence the 2005 rates show Churchill, Clark, Elko, Humboldt, Lander, and Lincoln Counties with higher rates of adolescent treatment admissions involving Methamphetamines (Primary, Secondary and Tertiary) than the state average (405.3).

Graph 21: Rate of Adolescent Treatment Admissions for Methamphetamines (Primary, Secondary, Tertiary) Per 1,000 Adolescent Treatment Admissions Among All SAPTA Funded Treatment Facilities and Client County of Residence, 2005



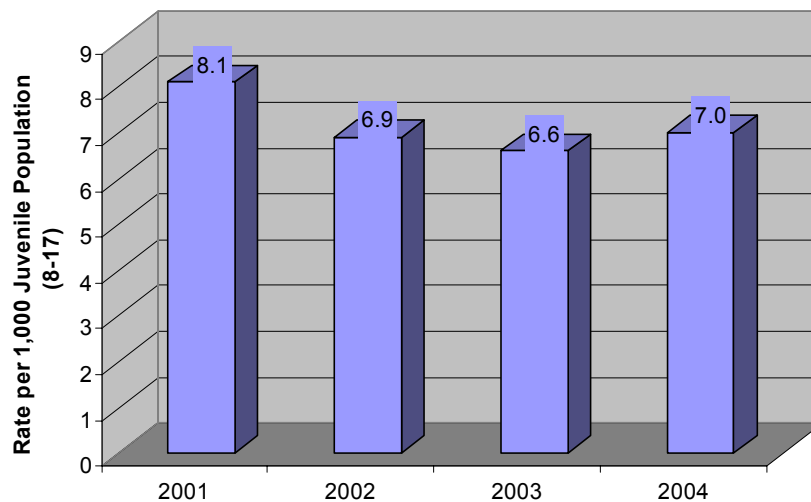
Source: Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Treatment Database. Retrieved December 2006. Note: All treatment admissions are based on Nevada State Health Division Substance Abuse Prevention and Treatment Agency Funded Treatment Facilities. Clients can be in treatment for poly-substances, there is the potential of three substances for each client; however for the purposes of this profile the primary, secondary and tertiary involvement in methamphetamines is accounted for. These rates will show an involvement in methamphetamines; not methamphetamines as a primary drug of choice. Statewide rates included clients who are not residents of the state but have sought services in the treatment facilities in Nevada. Adolescents are considered to be 18 years old and below. Counties with ≤ 5 five year total youth methamphetamine (primary, secondary, tertiary) treatment admissions were excluded from this profile.

Legal Issues

Drug Related Juvenile Arrests: In the United States in 2002, according to the Office of National Drug Control Policy (ONDCP) “there were about 1.5 million arrests on drug specific charges and another half million for offenses attributable to drug abuse. In total, about 34% of the prison and jail population and about 15.5% of arrests were attributable to drug abuse.”¹² In 2001, among Nevada youth the cost of violence topped the chart of alcohol attributable expenses at \$295.0 million, and youth property crime cost the state another \$26.9 million.³

Drug Related Juvenile Arrests⁷ – Four Year Trend: The number of arrests decreased since 2001, but were on the rise again in 2004.

**Graph 22: Number of Drug Related Juvenile Referrals
by Rate per 1,000 Juvenile Population
(8 to 17 years old) in Nevada, 2001-2004**



Source: Nevada Juvenile Justice. Nevada Juvenile Justice Data Collection 2001-2004.

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Drug Related Juvenile Arrests⁷ - By County: Carson, Churchill, Douglas, Humboldt, Lincoln, Lyon, Nye, Storey and Washoe Counties had higher proportions of drug related juvenile referrals than the state average (7 referrals per 1,000 youth). In addition, 29% of Nevada counties have higher proportions of violence related juvenile referrals than the state average (11 referrals per 1,000 youth).

Table 4. Drug Related Youth (Ages 8 to 17) Referrals by County, 2004

County	2004 Population Estimate of Youths 8 to 17 Years of Age*	Drug Related Referrals by County (2004)	
		(N)	Referrals per 1,000 Youths (8-17)
Carson	7,295	103	14.1
Churchill	4,253	38	8.9
Clark	223,125	1393	6.2
Douglas	5,631	89	15.8
Elko	7,430	7	1.0
Esmeralda	120	0	0.0
Eureka	240	1	8.3
Humboldt	2,627	11	4.2
Lander	943	20	21.2
Lincoln	504	5	9.9
Lyon	5,736	29	5.1
Mineral	658	6	9.1
Nye	4,794	36	7.5
Pershing	910	4	4.4
Storey	408	2	4.9
Washoe	53,606	520	9.7
White Pine	1,109	13	11.7
Rural (excluding Clark and Washoe)	42,658	382	9.0
Nevada	329,389	2,295	7.0
United States**	53,138,619	117,013	2.2

*2004 Population Estimates of Youths 8 to 17 Years of Age were taken from the 2004 Nevada Juvenile Justice Data Collection Report.

**United States population includes all ages under 18.

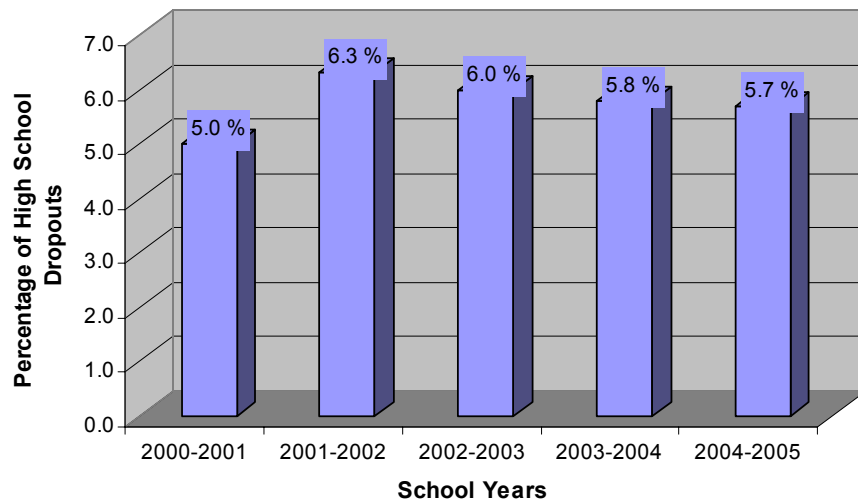
Source: State of Nevada. Nevada Juvenile Justice Data Collection Report 2004.

School

Substance Related Expulsions and High School Dropouts: Nevada's rate of expulsions were 3.0 substance related incidents occurring by every 1,000 enrolled students.⁸ In school year 2004-2005, the percent of students who dropped out of high school in Nevada was 6%.⁸

High School Dropouts⁸ – Five Year Trend: There was a fairly stable dropout rate from 2000 to 2005 (5.8% five year average).

**Graph 23: Percent of High School Dropouts in Nevada,
School Years 2000-2005**



Source: Nevada Department of Education. State Accountability Comprehensive Report and Nevada Report Card, 2000-2005.

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Table 5. Substance Related Expulsions and High School Dropouts⁸: The majority of Nevada counties had higher rates of substance related expulsions/suspensions among their school than the state average. In addition, Clark and Nye Counties had higher proportions of high school dropouts than the state average.

	Number of Total Enrolled Students	Number of Substance Related Incidents	Rate per 1,000 Substance Related Incidents	Estimated Number of High School Students	Number of Dropouts	Percent of High School Dropout Rate for the School Year 2005- 2006
Carson City	8,519	32	3.8	2,632	50	1.9
Churchill	4,503	14	3.1	1,389	25	1.8
Clark	293,801	511	1.7	78,451	5,570	7.1
Douglas	6,974	52	7.5	2,368	45	1.9
Elko	9,649	49	5.1	3,045	67	2.2
Esmeralda	86	0	0.0	No HS Instruction		
Eureka	229	6	26.2	0	0	0.0
Humboldt	3,519	31	8.8	870	40	4.6
Lander	1,288	4	3.1	391	9	2.3
Lincoln	1,001	0	0.0	333	1	0.3
Lyon	8,688	23	2.6	2,318	51	2.2
Mineral	624	8	12.8	171	7	4.1
Nye	6,088	39	6.4	1,731	161	9.3
Pershing	802	5	6.2	250	1	0.4
Storey	450	3	6.7	189	7	3.7
Washoe	64,200	445	6.9	18,700	374	2.0
White Pine	1,252	4	3.2	458	11	2.4
Nevada	412,179	1,226	3.0	112,912	6,436	5.7

Sources: Nevada Department of Education, 2005-2006 State Accountability Report.

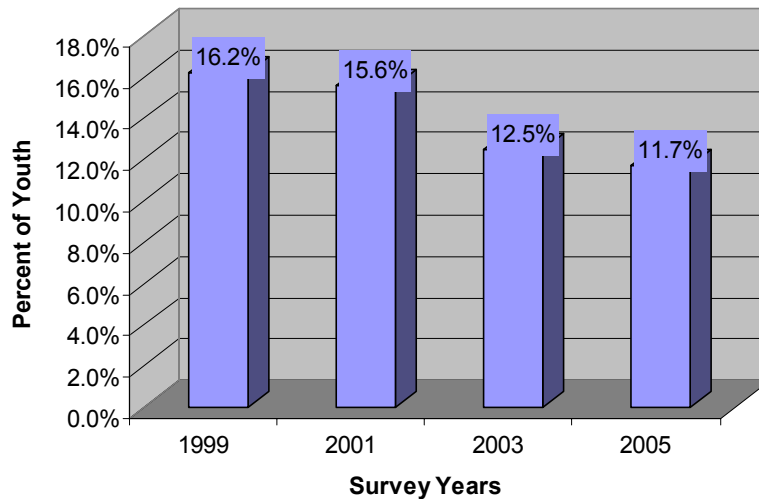
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2. Magnitude of Consumption

Patterns of Use

Youth Lifetime Methamphetamine Use (YRBS 2005): Use was down 4.5% from 1999 to 2005.

Graph 24: Percent of Youth in Nevada Who Have Used Methamphetamines One or More Times During Their Lifetime, 1999-2005



Source: Nevada Youth Risk Behavior Survey, 2005-1999. Nevada Department of Education.

Risk Behaviors

Intravenous Drug Use (YRBS 2005): Nevada had a higher percentage of high school students who have injected drugs intravenously sometime in their lifetime than the nation (3.9% vs. 2.1%).¹⁰ In Nevada, male high school students had a higher percentage of lifetime intravenous drug use than female high school students (3.0% vs. 1.1%).¹⁰

Drugs on School Property (YRBS 2005): Nevada had a higher percentage of high school students who were offered, sold, or given an illegal drug on school property during the past 12 months than the nation (32.6% vs. 25.4%).¹⁰ In Nevada, male high school students had a higher percentage of exposure to drugs on school property than female high school students (38.4% vs. 26.3%).¹⁰

3. Indicators Selected to Monitor Youth Methamphetamine Use in Nevada

The SPF SIG Advisory Committee with the help of the State Epidemiological Workgroup prioritized youth methamphetamine use as the second priority of focus. The consumption patterns of youth methamphetamine use currently can be tracked by the indicator: lifetime use of methamphetamines. The consequences of lifetime youth methamphetamine use are reflected in school related substance incidents/expulsions, and drug related juvenile referrals.

Youth Methamphetamine Use	
Consumption Indicator	Related Consequence Indicator
Lifetime Use of Methamphetamines	School Related Substance Incidents/ Expulsions
	Drug Related Juvenile Referrals

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III. Adult Alcohol Use

A. Introduction: Based on the consumption and consequences of adult alcohol use, this section will provide a profile on the severity, magnitude, trends and economic costs within Nevada and its component counties.

B. Problem: Excessive use of alcohol by adults is associated with many adverse consequences, including death, illnesses, and criminal arrests. These consequences are of particular concern in Nevada, which has higher rates of these problems than the nation. In addition, Nevada has higher rates of adult alcohol consumption indicators such as heavy drinking (defined as an average of more than 2 drinks a day for men; more than 1 drink a day for women), binge drinking (defined as 5 or more drinks on one occasion) and arrests for driving under the influence. By targeting problems related to adult alcohol use, youth alcohol use can also be affected.

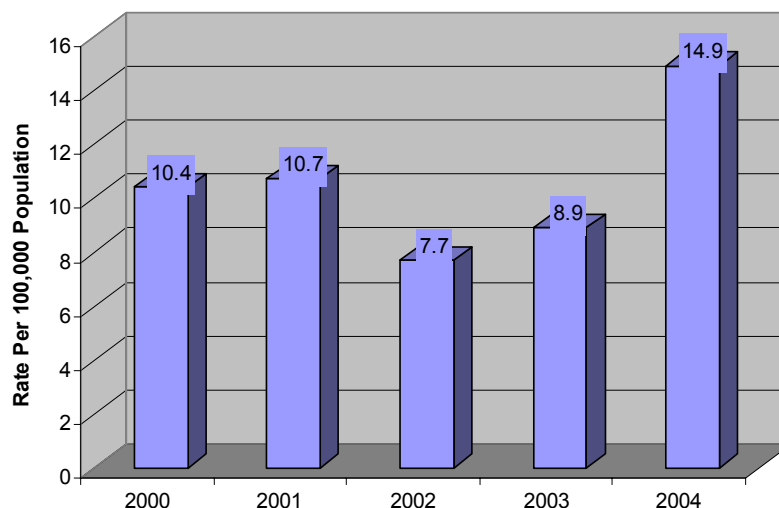
1. Severity of Consequences

Deaths

Alcohol Related Deaths: In Nevada, 2004 showed the highest proportion of alcohol related deaths (per 100,000 population) compared to the previous four years¹¹.

Alcohol Related Deaths¹¹ – Five Year Trend: After a decrease in 2002, alcohol related deaths are on the rise again with an increase of 4.5 deaths (per 100,000 population) from 2000-2004.

Graph 25: Alcohol Related Deaths (All Ages) by Rate per 100,000 Population in Nevada, 2000-2004



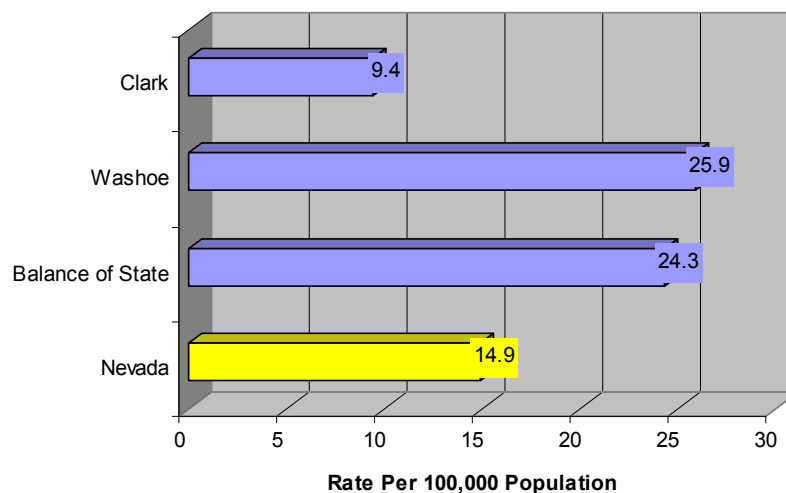
Source: Nevada State Health Division, Health Planning and Statistics.

Alcohol Related Deaths (Rate per 100,000 Population)¹¹ – 2004 Demographics:

A significantly higher rate of males than females (23.6 vs. 5.8 alcohol related deaths per 100,000 population) have died from alcohol related causes in Nevada. Among race/ethnicity categories, the highest rates were among Native Americans (40.8 deaths per 100,000 population) followed by Caucasians (20.2 deaths per 100,000 population), African Americans (8.5 deaths per 100,000 population), and Hispanics (4.1 deaths per 100,000).

Alcohol Related Deaths¹¹ – By Region: Washoe County was the region with the highest proportion of alcohol related deaths compared to the state as a whole (25.9 vs. 14.9 deaths per 100,000 population).

**Graph 26: Alcohol Related Death Rate For All Ages
(Per 100,000 Population) By Region in Nevada, 2004**



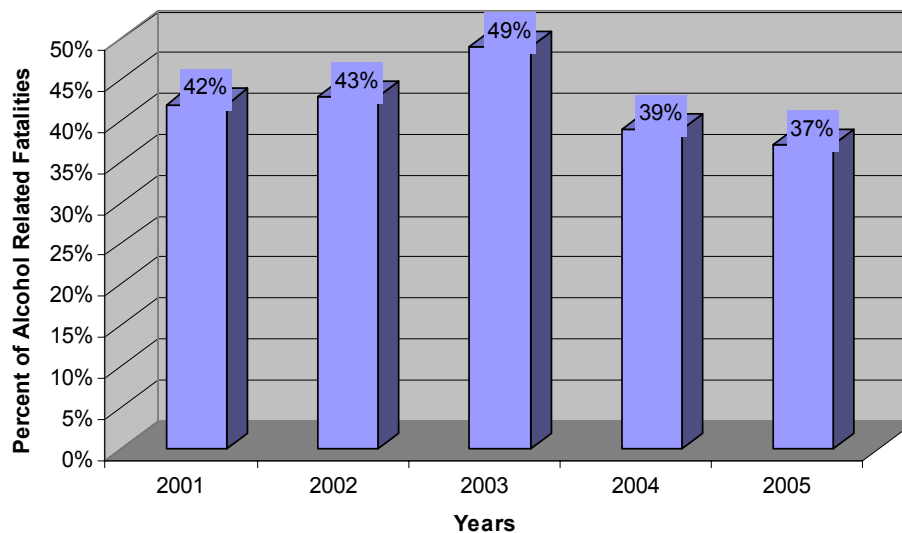
Source: Nevada State Health Division, Health Planning and Statistics.

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Alcohol Related Motor Vehicle Fatalities: In Nevada, 37% of motor vehicle fatalities involved alcohol whereas the national average was 39% in 2005.¹

Alcohol Related Motor Vehicle Fatalities¹ – Five Year Trend: down 6% from 2000 to 2005 in Nevada.

Graph 27: Percent of Alcohol Related Motor Vehicle Fatalities in Nevada, 2001-2005

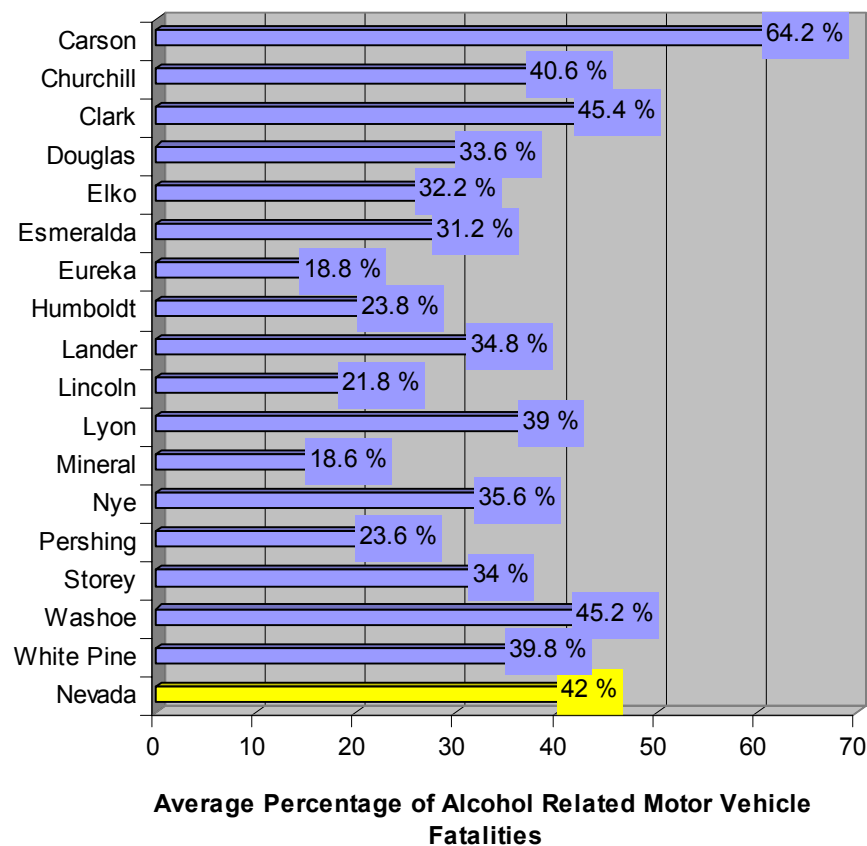


Source: Fatality Analysis Reporting System, FARS (2005). United States and Nevada Traffic Fatality Data.
<http://www-fars.nhtsa.dot.gov>.

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Alcohol Related Motor Vehicle Fatalities¹ – By County: The table below highlights the Nevada counties that have higher five year average percentages of alcohol related motor vehicle fatalities among all ages than the state. Fatality rates in Carson, Clark, and Washoe Counties were higher than the state average.

Graph 28: Five Year Average Percentage of Alcohol Related Motor Vehicle Fatalities by County and State, 2001-2005



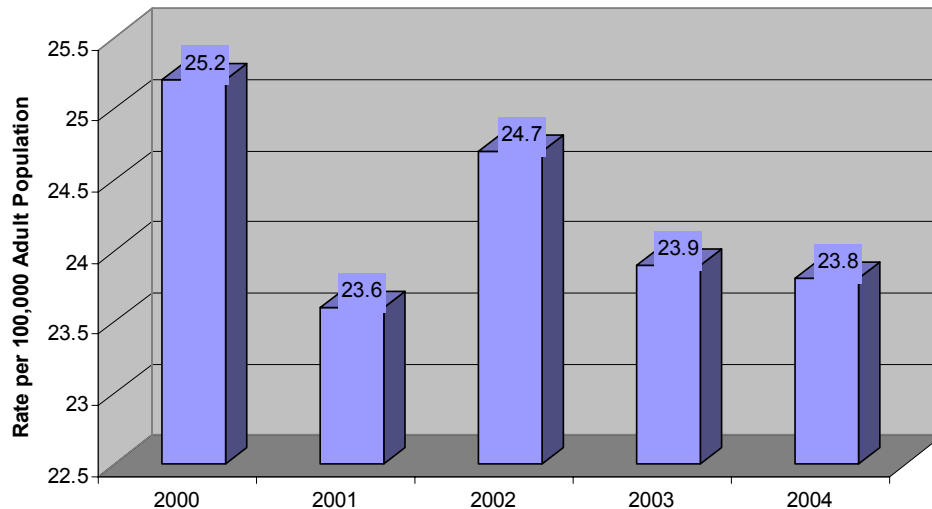
Source: Fatality Analysis Reporting System, FARS (2005). Nevada Traffic Fatality Data. <http://www-fars.nhtsa.dot.gov>.

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Suicide: In 2001, 23% of suicides among all ages in Nevada were attributable to alcohol use.² In 2004, Nevada's suicide rate for all ages was higher than the national rate, 18.3 vs. 10.9 suicides per 100,000 population, respectively.^{4,5}

Adult Suicide⁴ – Five Year Trend: There was an average of 24.2 suicides per 100,000 adult population over 5 years.

Graph 29: Adult Suicides by Rate per 100,000 Adult Population in Nevada, 2000-2004



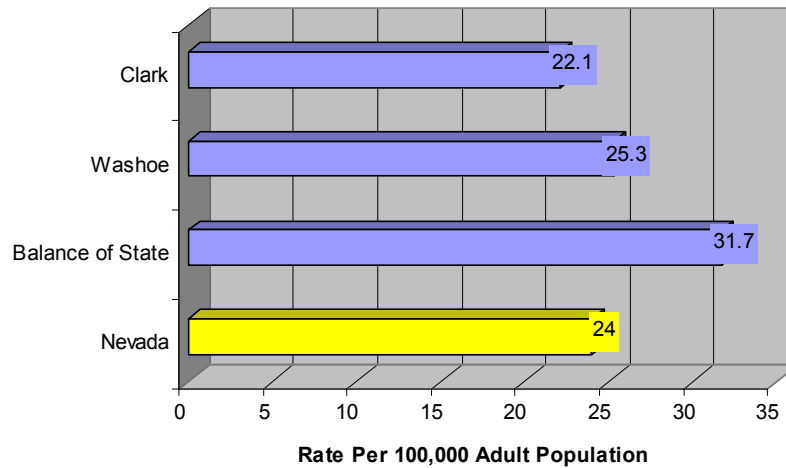
Source: United States. Nevada State Health Division. Nevada Interactive Health Database.
<http://health2k.state.nv.us/nihds/>.

Adult Suicide⁴ – Demographics: In 2004, the rate of suicide per 100,000 adult population was higher in the male population than the female population (37.2 vs. 9.9 respectively). Among race/ethnicity categories, the Caucasian population had the highest rate of adult suicide in 2004.

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Adult Suicide⁴ – By Region: Washoe County and the Balance of State (excluding Clark Co.) had higher four year average rates of adult suicide per 100,000 adult population than the state average.

Graph 30: Four Year Average Rate (Per 100,000 Adult Population) of Adult Suicides in Nevada, 2001-2004



Source: United States. Nevada State Health Division. Nevada Interactive Health Database.
<http://health2k.state.nv.us/nihds/>.

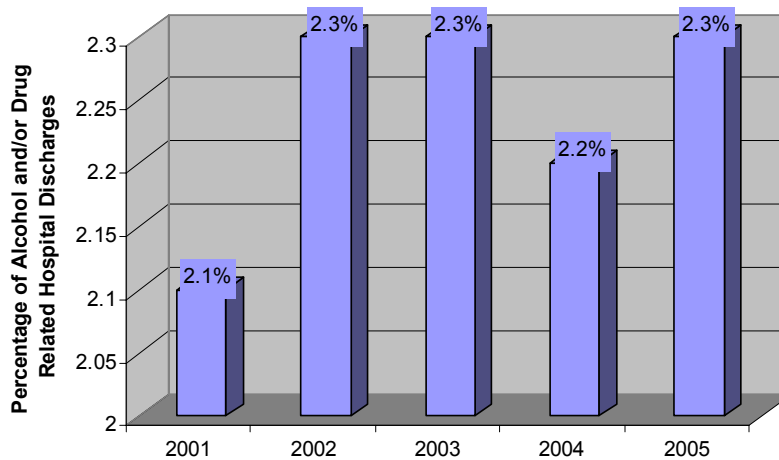
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Illness

Hospital Discharges: In 2005, 2.3% of hospital discharges were related to alcohol dependence syndrome in Nevada.¹¹

Alcohol Related Hospital Discharges¹¹ – Five Year Trend: There was a fairly stable trend from 2001 to 2005, with a five year average of 2.2% alcohol related hospital discharges.

Graph 31: Percentage of Hospital Discharges (All Ages) Involving Alcohol and/or Drugs by All Hospital Discharges in Nevada, 2001-2005



Source: Nevada State Health Division, Health Planning and Statistics.

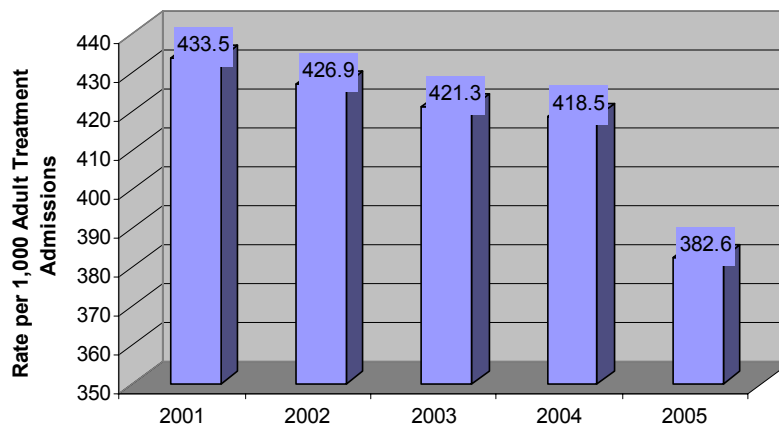
Alcohol and/or Drug Related Hospital Discharges (Rate per 100,000 Population)¹¹ –

Demographics: A significantly higher rate of males than females (371.1 vs. 148.4 alcohol and/or related hospital discharges per 100,000 population) were discharged from Nevada hospitals for alcohol and/or drug related causes.

Alcohol Related Treatment Admissions: In 2004, Nevada had the same percentage of adult alcohol related (primary) treatment admissions as the national average (42% vs. 42% alcohol related treatment clients).¹⁴ However in 2005, 38% of adult treatment admissions involved primary alcohol abuse among SAPTA funded treatment facilities in Nevada.⁶

Alcohol Related Treatment Admissions⁶ - Five Year Trend: There was a decline of 40.9 alcohol related (primary) adult treatment admissions (per 1,000 adult substance abuse treatment admissions) from 2001 to 2005, with an average rate of 416.6 alcohol related (primary) treatment admissions over the last five years.

Graph 32: Alcohol Related (Primary) Adult Treatment Admissions Among SAPTA Funded Treatment Facilities by Rate per 1,000 Adult Treatment Admissions for All Substances in Nevada, 2001-2005

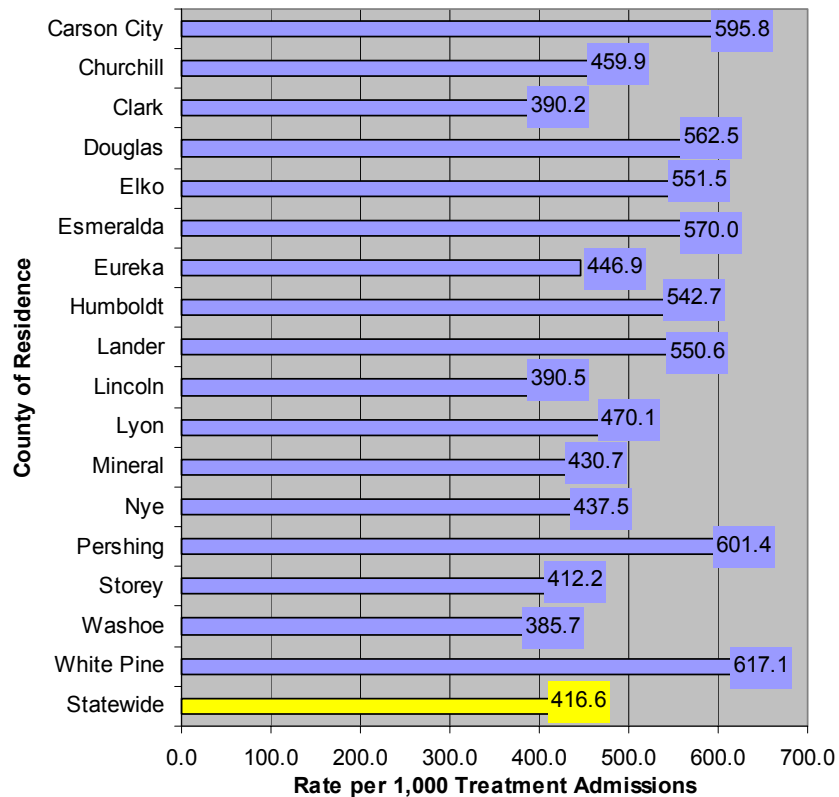


Source: Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Treatment Database. Retrieved December 2006.

Alcohol Related Treatment Admissions (Rate per 1,000 Total Substance Abuse Treatment Admission Adult Population)⁶ – Demographics: For SFY 2006, a significantly higher proportion of males than females were admitted to SAPTA funded treatment facilities for alcohol related (primary) substance abuse (441.1 vs. 284.5 per 1,000 adult treatment admissions for all substances). Among race/ethnicity categories, the highest rates were among American Indians/Alaska Natives (566.0 per 1,000 treatment admission populations) followed by Caucasians (389.2 per 1,000 treatment admission populations), Hispanics (381.6 per 1,000 treatment admission populations), the other/unknown category (333.3 per 1,000 treatment admission populations), African Americans (307.0 per 1,000 treatment admission populations), and Asian/Pacific Islander (250.0 per 1,000 treatment admission populations).

Alcohol Related Treatment Admissions⁶ – By County: Among the client's county of residence and SAPTA Funded Treatment Facilities, Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lyon, Mineral, Nye, Pershing, and White Pine Counties all had higher proportions of adult alcohol related treatment admissions than the state average.

**Graph 33: Five Year Average Rate of Adult Alcohol
(Primary Substance Only) Related Treatment
Admissions Among SAPTA Funded Treatment
Facilities and County of Residence by Rate per 1,000
Adult Treatment Admission for All Substance, 2001-
2005**



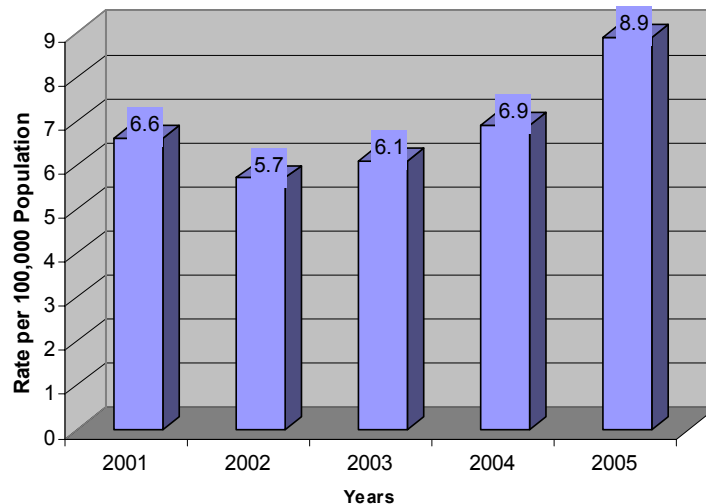
Source: Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Treatment Database. Retrieved December 2006. Note: All treatment admissions are based on Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Funded Treatment Facilities. Clients can be in treatment for poly-substances, there is the potential of three substances for each client; however for the purposes of this profile the primary substance is accounted for only. Adults are considered to be 19 years old and above.

Legal Issues

Homicide: In 2001, almost half of all homicides among all ages in Nevada were attributal to medium and high alcohol consumption.² In 2005, Nevada's adult homicide rate was more than twice as high as the national average (9.7 vs. 4.4 homicide offenses per 100,000 total adult population).¹⁵

Homicides¹⁵ – Five Year Trend: There was an increase of 2 homicides per 100,000 total population (all ages) from 2001 to 2005 with an average homicide rate of 7 homicides from 2001 to 2005.

Graph 34: Homicides by Rate per 100,000 Total Population (All Ages) in Nevada, 2001-2005

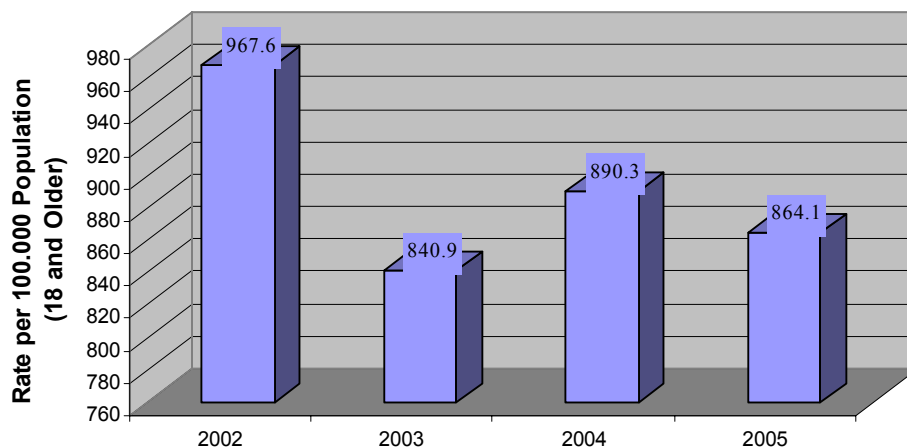


Source: State of Nevada, Department of Public Safety. Crime and Justice in Nevada 2005.

Alcohol Related Adult Arrests: In 2005, Nevada had a higher proportion of alcohol related arrests than the national average (864.1 vs. 804.1 per 100,000 adult population). Alcohol related arrests include liquor law violations, drunkenness and driving under the influence.¹⁵

Alcohol Related Adult Arrests¹⁵ – Four Year Trend: Arrests decreased by 103.5 arrests per 100,000 population 18 and older from 2002 to 2005.

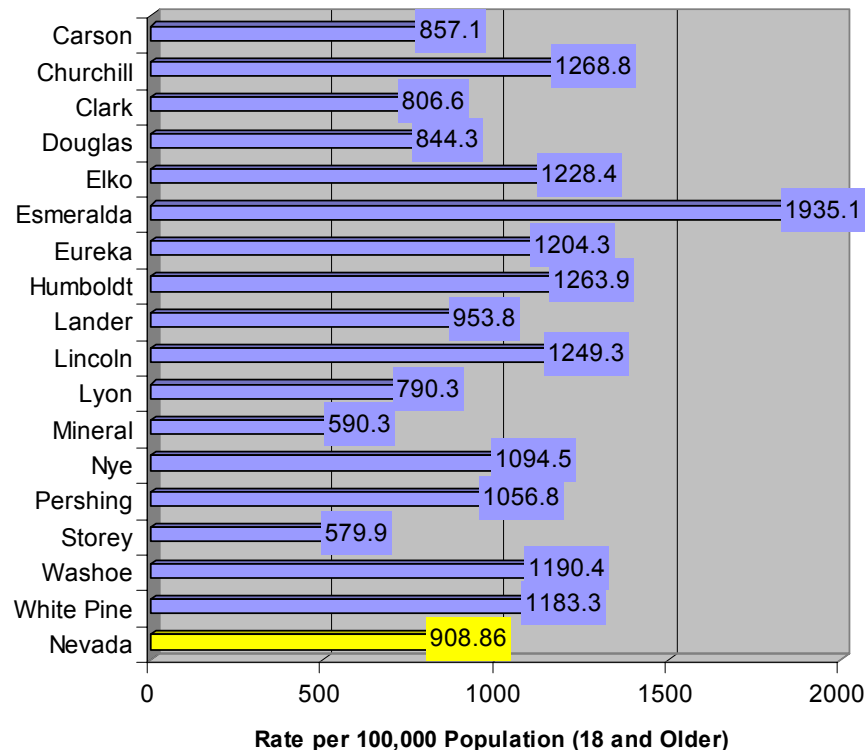
Graph 35: Adult Alcohol Related Arrests by Rate per 100,000 Population (18 and Older) in Nevada, 2002-2005



Source: State of Nevada, Department of Public Safety. Crime and Justice in Nevada 2005.

Alcohol Related Arrests¹⁵ – By County: Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Nye, Pershing, Storey, Washoe and White Pine Counties all had higher five year average proportions of alcohol related arrests than the state average over the five year period from 2001 to 2005.

Graph 36: 5 Year Average Rate of Adult Alcohol Related Arrests by Rate 100,000 Population (18 and Older), by County and State, 2001-2005

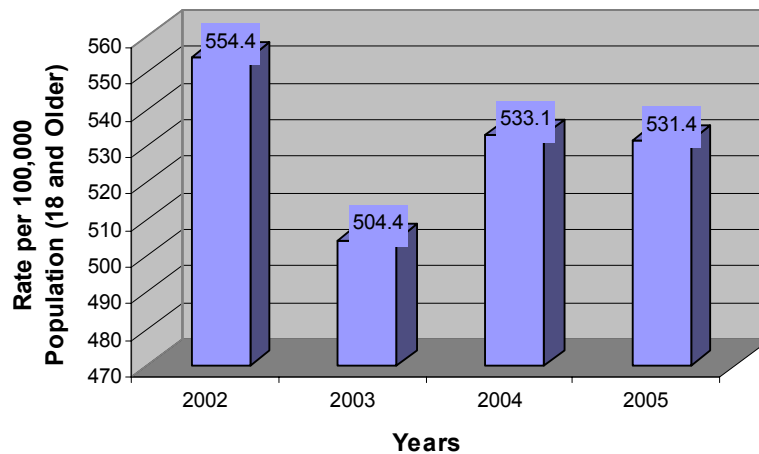


Source: State of Nevada, Department of Public Safety. Crime and Justice in Nevada 2001-2005.

Adult Arrests for Driving Under the Influence (DUI) – The proportion of DUIs in Nevada was higher than the national average in 2003 (531.4 vs. 457.3 arrests per 100,000 population 18 and older).¹⁵

Adult Arrests for Driving Under the Influence¹⁵ – Four Year Trend: There was a decrease of 23.0 DUI arrests per 100,000 population from 2002 to 2005.

Graph 37: Adult Alcohol Related Arrests for Driving Under the Influence by Rate per 100,000 Population (18 and Older) in Nevada, 2002-2005



Source: State of Nevada, Department of Public Safety. Crime and Justice in Nevada 2005.

2. Magnitude of Consumption

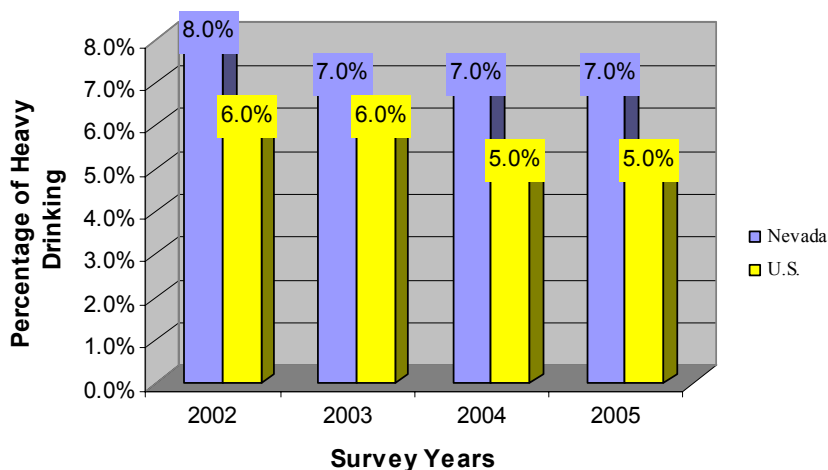
Patterns of Use

Heavy Alcoholic Drinking (BRFSS 2005) – In Nevada, two percent more of adults drink alcohol heavily than the national percentage (7% vs. 5% respectively). Heavy drinking is defined as adult men having more than two alcoholic drinks per day, and adult women having more than one alcoholic drink per day.¹⁶

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Heavy Alcoholic Drinking¹⁶ – Four Year Trend: In Nevada, there was a 1% decrease from 2002 to 2005, otherwise it has remained steady.

Graph 38: Heavy Alcoholic Drinking/Percent of Adult Men Having More Than Two Drinks Per Day and Adult Women Having More Than One Drink Per Day



Source: Behavioral Risk Factor Surveillance System, BRFSS (2005). Center for Disease Control and Prevention. <http://apps.nccd.cdc.gov/brfss/index.asp>.

Heavy Alcoholic Drinking (Rate per 1,000 BRFSS Respondents) - Demographics:^{4, 16}

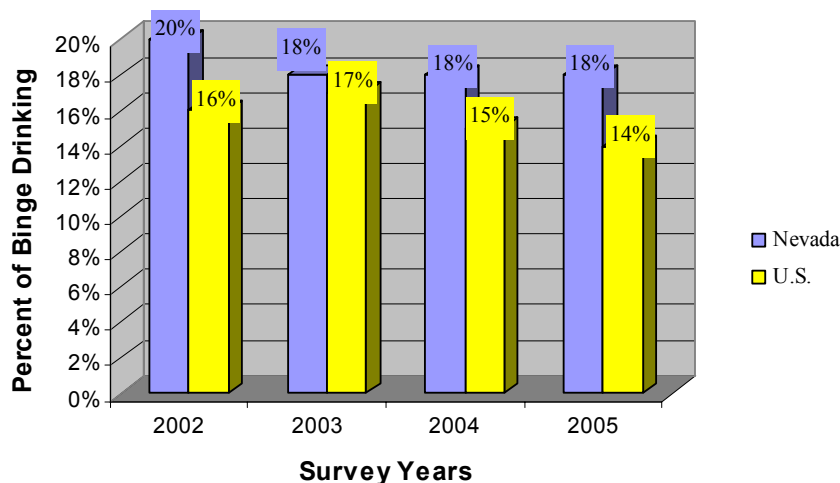
A slightly higher rate of males than females (93.4 vs. 67.0 adults per 1,000 population) report heavy alcoholic drinking. Among race/ethnicity categories, the highest rates were among Caucasians (92.1 adults per 1,000 population) followed by the Other and Multi Racial Category including Native Americans and Asians (56.2 adults per 1,000 population), Hispanics (52.5 adults per 1,000 population), and African Americans (13.3 adults per 1,000 population).

30 Day Binge Drinking¹⁶: Four percent more of Nevada's adults report binge drinking in the past 30 days than the national percentage (18% vs. 14%, respectively). Thirty day binge drinking is defined as five or more alcoholic drinks on one occasion in the past month.¹⁹

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30 Day Binge Drinking¹⁶ – Four Year Trend: In Nevada, there was a 2% decrease from 2002 to 2005, otherwise it has remained steady from 2002-2005.

Graph 39: 30 Day Adult Binge Drinking/Percent of Adults Who Have Binge Drank in the Last 30 Days in Nevada, 2002-2005



Source: Behavioral Risk Factor Surveillance System, BRFSS (2005). Center for Disease Control and Prevention. <http://apps.nccd.cdc.gov/brfss/index.asp>.

30 Day Binge Drinking (Rate per 1,000 BRFSS Respondents)^{4, 16} – Demographics:

A higher rate of males than females (244.7 vs. 95.8 adults per 1,000 population) report binge drinking in the past 30 days. Among race/ethnicity categories, the highest rates were among the Hispanics (187.8 adults per 1,000 population), Caucasians (174.1 adults per 1,000 population), the Other and Multi Racial category including Native Americans and Asians (134.8 adults per 1,000 population), and African Americans (120.0 adults per 1,000 population).

3. Indicators Selected to Monitor Heavy Adult Alcohol Use in Nevada

The SPF SIG Advisory Committee, based on the recommendations of the State Epidemiological Workgroup prioritized heavy adult alcohol use as the third priority of focus. The consumption patterns of adult alcohol use currently can be tracked by three indicators: heavy alcoholic drinking, binge drinking in the past 30 days, and adult arrests while driving under the influence. The consequences of heavy adult alcohol use are reflected in alcohol related motor vehicle fatalities and alcohol related arrests.

Adult Alcohol Use	
Consumption Indicator	Related Consequence Indicator
Heavy Alcoholic Drinking	Alcohol Related Motor Vehicle Fatalities
30 Day Binge Drinking	
Adult Arrests for Driving Under the Influence	Alcohol Related Arrests

IV. Youth Marijuana Use

A. Introduction: Based on the consumption and consequences of youth marijuana use, this section will provide a profile on the severity, magnitude, trends and economic costs within Nevada and its component counties.

B. Problem: Marijuana use by youth is associated with many unfortunate consequences such as illness and unintentional consequences, injuries, school related problems and legal issues. The consequences of youth marijuana use in Nevada are higher than the national average, especially among drug related juvenile referrals which are significantly higher. In addition, the proportion of youth in Nevada reporting first marijuana use before age 13 and youth lifetime marijuana use are higher than the national average.

1. Severity of Consequences

Deaths

Drug Related Motor Vehicle Fatalities¹³: Please refer to same consequence under Youth Methamphetamine Use section.

Illicit Drug Deaths¹¹: Please refer to same consequence under Youth Methamphetamine Use section.

Youth Suicide⁴: Please refer to same consequence under Youth Methamphetamine Use section.

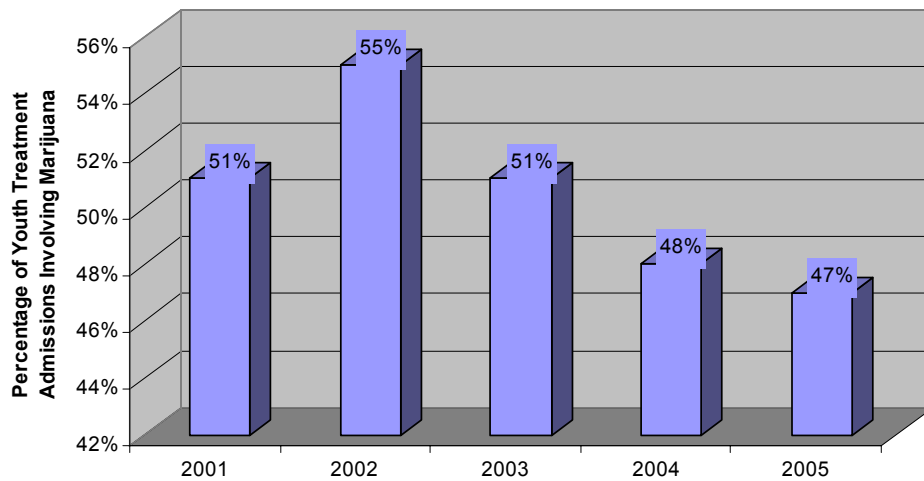
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Illness

Marijuana Related Youth Treatment Admissions: In 2005, 47% of SAPTA funded youth treatment admissions involved Marijuana as the drug of choice (primary) in Nevada.⁶

Marijuana Related Youth Treatment Admissions⁶ – Five Year Trend: There was a decrease of 4% from 2001 to 2005.

Graph 40: Five Year Percentage of SAPTA Funded Youth Treatment Admissions Involving Marijuana (Primary) by All Youth Treatment Admissions in Nevada, 2001-2005



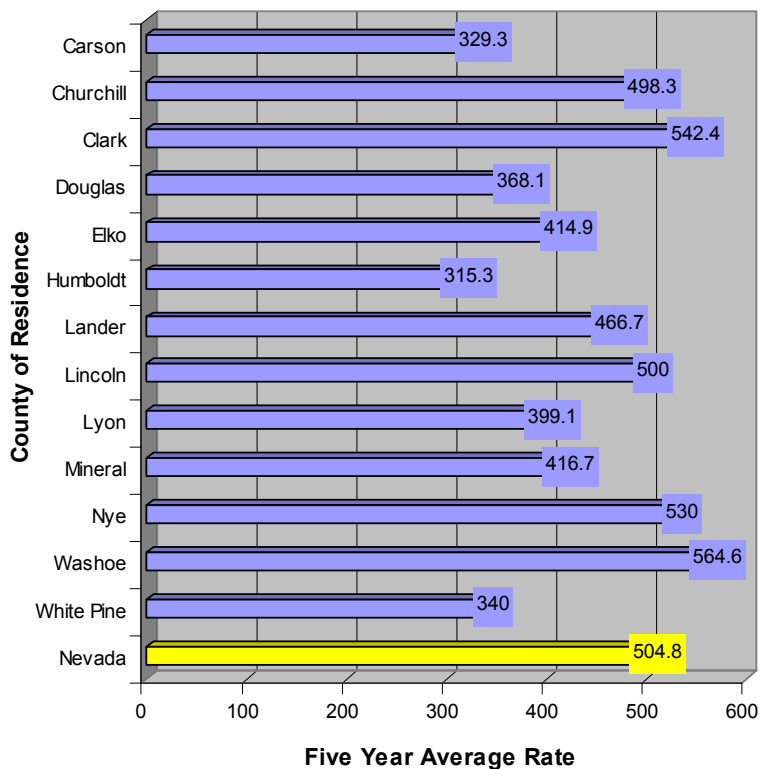
Source: Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Treatment Database. Retrieved December 2006.

Marijuana Related (Primary) Youth Treatment (Tx) Admissions (Rate per 1,000 Tx Admissions For All Substances)⁶ - Demographics:

Males had a significantly higher rate of admissions to SAPTA funded treatment facilities for use/abuse of Marijuana as a primary drug of choice when compared to females (561.3 vs. 311.2 per 1,000 Tx Admissions). Among race/ethnicity category the highest rate was among African Americans (663.4 youth per 1,000 Tx Admissions) followed by Hispanics (478.9 youth per 1,000 Tx Admissions), Other/Unknown (474.6 youth per 1,000 Tx Admissions), Caucasians (464.0 youth per 1,000 Tx Admissions), American Indian/Alaska Natives (324.3 youth per 1,000 Tx Admissions), and Asian/Pacific Islander (320.0 youth per 1,000 Tx Admissions).

Marijuana Related (Primary) Youth Treatment (Tx) Admissions (Rate per 1,000 Youth Tx Admissions For All Substances)⁶ – By County: Clark, Nye, and Washoe Counties have higher average rate of youth marijuana (as a primary substance) treatment admission than the state as a whole.

Graph 41: Five Year Average of SAPTA Funded Youth Treatment Admissions Involving Marijuana (Primary) by Rate Per 1,000 Youth Treatment Admissions For All Substances by County of Residence, 2001-2005



Source: Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Treatment Database. Retrieved December 2006. Note: All treatment admissions are based on Nevada Division of Mental Health and Developmental Services, Bureau of Alcohol and Drug Abuse Funded Treatment Facilities. Clients can be in treatment for poly-substances, there is the potential of three substances for each client; however for the purposes of this profile the primary substance is accounted for only. Adults are considered to be 19 years old and above. Counties with <=5 five year total youth marijuana (primary) treatment admissions were excluded from this profile.

Legal Issues

Drug Related Juvenile Referrals⁷: Please refer to same consequence under Youth Methamphetamine Use section.

School

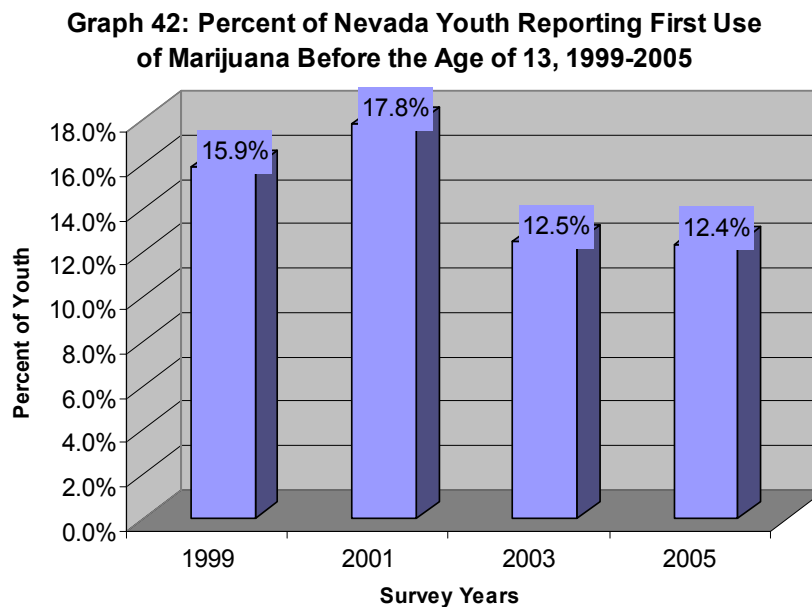
Substance Related Expulsions and High School Dropouts⁸: Please refer to same consequence under Youth Methamphetamine Use section.

2. Magnitude of Consumption

Patterns of Use

Youth Reporting First Use of Marijuana Before Age 13 (YRBS 2005): Over three percent more of Nevada's youth reported first time use before age 13 than the national percentage (12.4% vs. 8.7% respectively).¹⁰

Youth Reporting First Use of Marijuana Before Age 13¹⁰ – Four Year Trend: Nevada youth use of marijuana before age 13 has gradually declined over the past four years, but use is still higher than the national average (8.7%) for 2005.

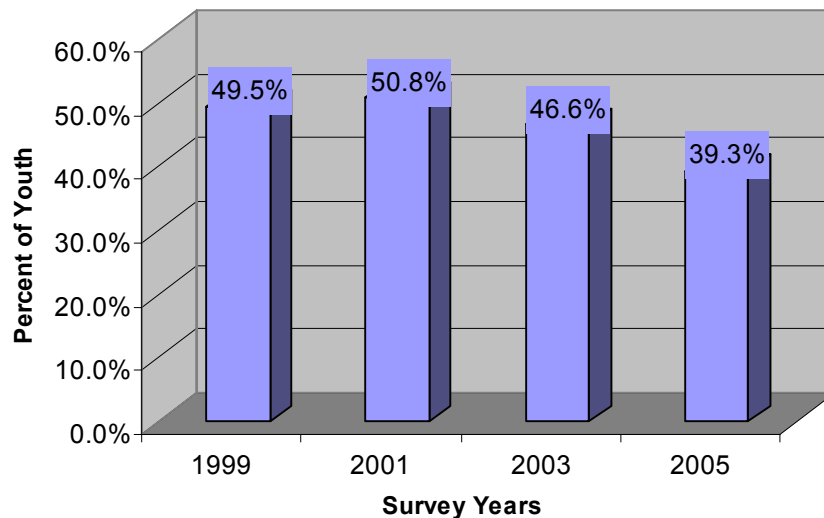


Source: Nevada Youth Risk Behavior Survey, 2005. Nevada Department of Education.

Lifetime Youth Marijuana Use (YRBS 2005) – Nevada was almost 1% higher than the national average for the percentage of youth reporting lifetime marijuana use (39.3% vs. 38.4% respectively).¹⁰

Lifetime Youth Marijuana Use¹⁰ – Four Year Trend: The lifetime marijuana use pattern has declined over the last four years; however, it is still higher than the national average (38.4%) for 2005.

Graph 43: Percent of Youth in Nevada Who Have Used Marijuana One or More Times During Their Lifetime, 1999-2005



Source: Nevada Youth Risk Behavior Survey, 2005. Nevada Department of Education.

Risk Behaviors

Marijuana Use on School Property (YRBS 2005): Nevada had a higher percentage of high school students who reported using marijuana on school property one or more times during the past 30 days than the nation (5.7% vs. 4.5%).¹⁰ In Nevada, male high school students had a higher percentage of marijuana use on school property than female high school students (7.5% vs. 3.7%).¹⁰

3. Indicators Selected to Monitor Youth Marijuana Use in Nevada

The SPF SIG Advisory Committee, with the recommendations of the State Epidemiological Workgroup, prioritized youth marijuana use as the fourth priority of focus. The consumption patterns of youth marijuana use currently can be tracked by two indicators: youth reporting first use of marijuana before age 13, and lifetime youth marijuana use. The consequences of youth marijuana use are reflected in substance related school expulsions/suspensions, drug related juvenile referrals and the perception of great risk of smoking marijuana once a month.

Youth Marijuana Use	
Consumption Indicator	Related Consequence Indicator
Youth Reporting First Use of Marijuana Before Age 13	School Related Substance Incidents/Expulsions
	Drug Related Juvenile Referrals
Lifetime Youth Marijuana Use	Perception of Great Risk of Smoking Marijuana Once a Month

Clarification of Data Parameters

When reading this profile it is important to keep in mind the vast difference in population distributions, races and ethnicities, and substance abuse between counties in this state. As approximately 72% of Nevada's population resides in Clark County, it often drives the data and trends for the entire state.⁶ In order to show what is going on in other counties (without violating confidentiality and skewing reality by using low numbers), smaller counties with smaller numbers are often grouped together, breaking the state down into regions rather than individual counties (Clark, Washoe, Balance of State).

Although this profile includes race and ethnicity data, only publicly available data regarding the Native American population in Nevada was used. This does not include reservation or tribal specific data as this data is not readily available for this state at this time. Nationally, between 2002-2005, the Native American population was more likely than members of other racial groups to have a past year alcohol use disorder and also past year illicit drug use disorder.¹⁷ Without reservation and tribal specific data, it is impossible to have an accurate idea if these comparisons hold true for Nevada tribes as well.

Youth methamphetamine and marijuana use are included in this profile, despite the fact that there is still a lack of robust data regarding use and abuse of these drugs for this state. As substance abuse prevention efforts continue to increase in this state, future planning strategies must take into account and focus on the issues identified in this profile.

Profile Summary

This profile identifies that many of the youth alcohol and drug consumption and consequence indicators are of concern in Nevada, which continues to have higher rates of substance abuse than the nation as a whole. This profile not only identifies the prevalence of substance abuse and its consequences in the state's youth and adult population, but it also identifies the lack of robust data needed to base informed decisions upon. As the availability of data is limited in Nevada, documents such as this profile provide the state with the imperative data it needs. By continuing to identify problems in this state, Nevada is one step closer to reducing the burden of substance abuse in its communities.

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